DOCUMENT RESUME

ED 048 016 SE 010 986

TITLE	Drug Abuse Education, A Curriculum Guide, Levels Kindergarten Through Twelve.
INSTITUTION	Clark County School District, Las Vegas, Nev.
PUB DATE	69
NOTE	219p.
AVAILABLE FROM	Clark County School Dist., Las Vegas, Nevada 89101 ($3.00)
EDRS PRICE	EDRS Price MF-$0.65 HC Not Available from EDRS.
DESCRIPTORS	Curriculum Development, *Curriculum Guides, *Drug Abuse, Educational Programs, Elementary Grades, *Health Education, *Instruction, *Resource Materials, Secondary Grades, Teaching Guides

ABSTRACT

The information in this guide has been compiled to provide the teachers of the Clark County School District with a teaching resource for drug abuse education. Grade levels are divided as K-3, 4-6, 7-9, and 10-12 with behavioral objectives for the drug abuse education program stated for each level. Fact sheets for pertinent topics are provided giving teachers readily available data for their classroom preparation. Accompanying these are an outline of component ideas, suggested methodology, and suggested multi-media approaches. Contained in the bibliography is a wide range of books, pamphlets, booklets, serial publications, journal articles, school syllabuses, films, and resource agencies for drug abuse education. The appendix has a guide to some common drugs which are subject to abuse, a glossary of narcotic slang, and state drug statutes. [Not available in hardcopy due to marginal legibility of original document.] (BL)

DRUG ABUSE EDUCATION

U.S. DEPARTMENT OF HEALTH, EDUCATION
& WELFARE
OFFICE OF EDUCATION
THIS DOCUMENT HAS BEEN REPRODUCED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY

CURRICULUM GUIDE/K-12

CLARK COUNTY SCHOOL DISTRICT

Board of School Trustees

CLARK COUNTY SCHOOL DISTRICT
STATE OF NEVADA

Mr. George W. Wilkinson, President
Mr. Glen C. Taylor, Vice-President
Mr. Dell H. Robison, Clerk
Dr. Clare W. Woodbury, Member
Mrs. Helen C. Cannon, Member
Mr. Alick J. Mackie, Member
Mr. C. Donald Brown, Member

Administration

Dr. Clifford J. Lawrence, Associate Superintendent
Division of Instruction

Mr. Robert Dunsheath, Director
Curriculum Services Department

Mr. Preston T. Bishop, Coordinator
Curriculum Services Office

Mr. Ronald M. Gaydosh, Consultant
Curriculum Services Office

Mr. John Paul, Associate Superintendent
Division of Administration

Dr. Henry C. Bozarth, Area Administrator
Western Zone

Mr. Lyal Burkholder, Area Administrator
Clark Zone

Mr. James E. Embree, Area Administrator
Las Vegas--Valley Zones

Mr. Raymond Sturm, Area Administrator
So. Nev. Voc. Tech. Center and Adult Education

Mr. James Williams, Area Administrator
Rancho Zone

4/6

DRUG ABUSE EDUCATION

A Curriculum Guide
Levels Kindergarten Through Twelve

Developed by

The Department of Curriculum Services
Clark County School District
2832 East Flamingo Road, Las Vegas, Nevada 89109

Dr. James I. Mason
Superintendent

1969

FOREWORD

It is indeed an understatement to say that our society is undergoing dramatic changes in its structure. As society changes, school systems must adapt their methods and content to meet this challenge. Both a critical and a growing problem is drug abuse. Drugs that affect behavior have been known for thousands of years. More recently, however, drug abuse has caused serious concern on a national scale. It poses a threat to our intellectual development, national health level, and even our national security.

Obviously, factors that lead to drug abuse are many and complex. It should be understood that no simple explanation or clear cut course of action will fit every situation. We do feel that knowledge of the subject and the development of attitudes which affect positive behavior will help equip our students with the ability to make proper decisions.

What follows represents the excellent work of educators and lay citizens whose efforts have been coordinated by the Department of Curriculum Services. This meaningful guide provides direction to educators in drug abuse education. The time and commitment of those involved can never be fully appreciated, but we commend them for an excellent publication. This guide should be a very valuable tool as one method of combating one of the most serious problems of our day.

James I. Mason
Superintendent

ACKNOWLEDGMENTS

Much appreciation is due the members of the Drug Abuse Education Curriculum Task Force for their willingness to put in many extra hours of work to bring this guide to its present state.

Mr. Richard Campbell
Health and Driver Education Teacher
Las Vegas High School

Mr. Alan Garfield
Fifth Grade Teacher
Fay Herron Elementary School

Mr. Kenneth Porray
Social Science Teacher
Rancho High School

Further appreciation is expressed to the following people who contributed to the Drug Abuse Education Project in a consultant capacity, reacted to the material in its working copy stage, and contributed ideas and materials.

Mrs. Lucile Bunker
School Nurse
Clark County School District

Sergeant Joseph McDonnell
Narcotics and Vice Division
Las Vegas Police Department

Dr. Angela Kitzinger
Health Education Specialist,
Drug Abuse Education Project Consultant
California State Department of Education

Mr. Paul Richert
Assistant Principal, Rancho High School
Police Chemist, Las Vegas Police Department

Mrs. Kay Samolovitch
Coordinating School Nurse
Clark County School District

Lieutenant John Sleeper
Narcotics and Vice Division
Las Vegas Police Department

Miss Geraldine Welsh
Social Worker
Clark County School District

Captain Paul Wilkin
Commander of Administrative Division
Clark County Sheriff's Department

A special acknowledgment is extended to the many teachers who provided guidelines to this project by their reactions to the early developmental stages of this guide.

Graphic Artist--- Ernie Ohlson

TABLE OF CONTENTS

RATIONALE v

LONG RANGE OBJECTIVES vi

DIRECTIONS TO GUIDE UTILIZATION vii

SEQUENTIAL DEVELOPMENT OF CURRICULUM CONTENT viii

LEVELS K-3 1

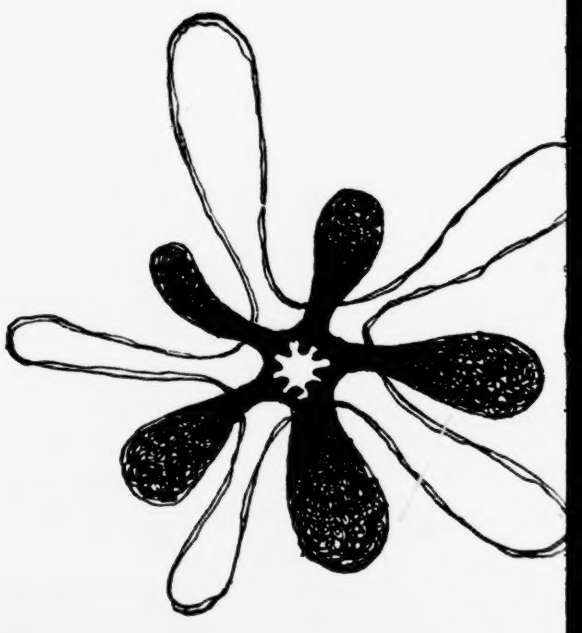
LEVELS 4-6 13

LEVELS 7-9 47

LEVELS 10-12 91

BIBLIOGRAPHY 127
- Books 128
- Authored Pamphlets And Booklets 134
- Anonymous Pamphlets And Booklets 135
- School Syllabuses 138
- Serial Publications 139
- Journal Articles 140
- Films 147
- Recommended Subscriptions 155
- Resource Agencies 156

APPENDIX 159
- A Guide To Some Common Drugs Which Are Subject To Abuse 160
- Glossary Of Narcotic Slang 164
- Nevada Revised Statutes Regarding Narcotics, Poisons, Dangerous And Hallucinogenic Drugs, and Hypodermics 172
- Clark County School District's Regulation Regarding Harmful Drugs And Alcoholic Beverages 213



RATIONALE

The young person of this century grows up in a drug-oriented society. He must develop the discrimination of thinking which will produce wise decision-making. Decisions about the use of drugs for medicinal and non-medicinal purposes are deeply interrelated with personal values, aspirations, and fears. Already the word "drug" has acquired a negative emotional impact, although society would hardly eliminate the benefits of many drugs.

The elimination of drug abuse might only happen in some very far distant future. But immediate actions can be taken. Already giant steps have been taken in legislative control and law enforcement. However, the evidence is that the climb is not being accomplished by legislation and enforcement alone. News media keeps us aware of this evidence, complete with names, ages, and statistical compilation.

Elimination of all dependence-producing substances lacks social favor; yet legislation and enforcement by themselves are not preventing youthful misuse. To educators, then, the challenge is to strengthen our guidance of youth in their search for a life that is healthful, successful, and satisfying. Misuse of drug substances is negative to that life. However, proper use of drugs contributes to that life by controlling disease, preventing pain, and aiding physical and mental functions. Misuse of substances is ignorance of biological, physiological, and psychological facts.

Many community agencies are accepting responsibility. On behalf of the educational institutions of this community, a giant step forward is being taken. Acceptance of a more serious responsibility for guiding students is necessary. Supporting them in the development of a more satisfying self-concept, a deeper feeling of human dignity, and a working respect for physical and mental health are outcomes. The misuse of narcotics, drugs, and dangerous substances is detrimental to all of these. Factual information is needed for student growth in the cognitive domain. For his growth in the affective domain, teacher guidance is needed as he establishes the personal values that determine his decision-making. The teacher's responsibility is to provide methodology and climate to support the student in this process. Only then can the qualities essential to an individual's success as a citizen, who is able to meet his responsibilities and live life to its fullest, be developed.

LONG-RANGE OBJECTIVES

THE STUDENT SHOULD:

1. Understand the importance of wholesome happy family life to the emotional and social development of each individual in the family unit.

2. Develop responsibility for their own desirable health habits, attitudes, and behavior in school, at home, and in the community.

3. Be aware of the responsibilities of individuals and communities to correct or adjust the economic and social factors which may be the underlying causes of drug abuse or abuse of potentially dangerous substances.

4. Be aware of the importance and need for participation in wholesome physical and social activities.

5. Be aware of the needs and problems of others and gain knowledge on how to help in developing social behavior patterns that will contribute to the well-being of all.

6. Compile factual information concerning the nature of narcotics, dangerous drugs, chemicals, and other dangerous substances. Examples of these are LSD, marijuana, barbiturates, airplane glue, amphetamines, and gasoline. Understand the dangers involved in their misuse and abuse.

7. Know the sources available from which one may receive help when a problem exists.

8. Abstain from the practice of self-medication and the use of any substance that may be detrimental to health and fitness.

9. Be aware of the many problems involved when drug abusers are rehabilitated.

10. Be aware of the legal restrictions to curb the illicit sale and possession of narcotics and other harmful drugs and to realize the individual's responsibility to respect law and order.

DIRECTIONS TO GUIDE UTILIZATION

The information in this guide has been compiled to provide the teachers of the Clark County School District with a teaching resource for drug abuse education. This guide is presented outside of the context of the Health Curriculum Guide which is in the process of development. However, the component ideas contained herein will integrate into the total health curriculum. Science, social science, and health and physical education teachers should integrate this material into their present program. However, each school should articulate their individual program.

In this guide you will find outlined component ideas, suggested methodology, and suggested multi-media on drug abuse education. Fact sheets are also provided giving teachers readily available data for their classroom preparation. Tobacco, alcohol, and other similar dependence-producing substances will be treated in the Health Curriculum Guide. Three continuing vertical and horizontal themes are identified in the model. People...children...students...citizens of the future---these are the first and major concern. Their assumption of individual responsibility for decision making on a personal and societal level is the second concern. The third concern is that the information necessary for them to make wise decisions about drug abuse be presented.

The psychological appraisal made by the student is more important than his accumulation of facts about drugs. As teachers prepare to use this guide, each should be concerned with promoting the development of this important area of decision making. Mere acquisition of data is no solution to the problem of misuse of drugs and dangerous substances. However, the development of habits, attitudes, relationships, appreciations, alternative behaviors, self-concept, self-discipline, and self-control do require an analysis of data. Wise, valid data analysis results in decision-making which promotes the total well-being of an adequate personality.

Here are a few suggestions which should make this guide a meaningful addition to every teacher's reservoir of instructional tools:

1. Read it in its entirety. The sections have an inner relationship.
2. This is for every teacher. Discover how students can be involved in meaningful discussion, writing, or research related to drug abuse. It may be of use in answering individual questions in personal contacts with students.
3. No conscious attempt has been made to construct units of work for teachers. Some of the methodology can be incorporated in present teaching plans. Should a teacher desire to present a unit on drug education, it will be meaningful only if a concern is contributed to a careful selection of those component ideas, methodology, and resource materials which complement each instructional mode.
4. Note that the general behavioral objectives are written. Personalize specific objectives for your own program.
5. The blank spaces make the guide individualized. Write in them. Add to the methodology those experiences that have proven to be effective. Add to the resources other materials that are found useful.

DRUG ABUSE EDUCATION
SEQUENTIAL DEVELOPMENT OF CURRICULUM CONTENT

DRUGS		PEOPLE	
		GOALS	HEALTH
LEVELS K-3	Orientation to food and non-food substances.	Early personality patterns.	Habits.
LEVELS 4-6	Explore the beneficial uses of drugs. Brief understanding of amphetamines, barbiturates, and volatile chemicals.	Basic understandings and growing up.	Appreciation of body. General understanding of nervous system and brain and how they are affected by drugs.
LEVELS 7-9	Factual presentation of amphetamines, barbiturates, marijuana, and other dangerous substances.	Self-control and the ability to communicate with others.	Attitudes. Psychological and physiological reactions to drugs.
LEVELS 10-12	Academic approach to all narcotics, dangerous drugs and substances.	Application of self and making future plans.	Understanding and application of positive human relationships. Responsibility.

PEOPLE (cont'd)	SOCIETY	
POSITIVE ALTERNATIVE BEHAVIOR	MASS-MEDIA	LAW ENFORCEMENT
Decision-making in the family context.	Evaluate mass-media advertising in all areas.	Patriotism. Respect of law. Community control people as friends.
Decision-making in the teacher-pupil context.	Sophisticated evaluation of all advertisement and propaganda aspects.	Brief understanding of laws governing control of drugs and medicines.
Decision-making in the peer context.	Advertising as it relates to promoting a drug oriented society.	In-depth study of laws and penalties related to drug abuse including the Clark County School District's policy.
Decision-making in the context of choices for the future.	Sophisticated evaluation of drug advertisements.	Academic study of laws and penalties related to the control of narcotics, dangerous drugs, and substances.

DRUG ABUSE EDUCATION
LEVELS K-3

DRUG ABUSE EDUCATION
LEVELS K-3

Behavioral Objectives:

Knowledge:

1. The learner will be able to distinguish the difference between food and non-food substances, by naming several examples of each.
2. The learner will demonstrate his knowledge of good personal habits and how they contribute to his health, by naming several examples.
3. The learner will be able to name several types of people in the community who work to preserve and better his health.
4. The learner will demonstrate an understanding of non-food substances that are healthful to man when they are properly used, by giving several examples.
5. The learner will be able to list several dangers of non-food substances and how to properly store them.

Attitudes:

1. The learner will be able to list several important reasons for protecting his health.
2. The learner will demonstrate personal reponsibility for protecting his health,by practicing sound health habits in the classroom.
3. The learner will demonstrate he is able to help others by giving proper advice when confronted by a permitting situation.

Behavior:

1. The learner will not take medicine or unknown substances into his body unless directed by a parent or doctor.
2. The learner will report immediately to parent, teacher, or other responsible adult any feelings of illness after taking any food or non-food substance.
3. The learner will not accept favors from strangers.

FACT SHEET: HEALTH HABITS

There are many factors that must be considered to maintain good health: pure are is needed to breath, nutritional needs must be met, and exercise and rest must be balanced.

Boys and girls must develop good health habits at an early age. The ability to make proper decisions in the realm of the family and the development of positive behavior patterns must also be an outcome of their early education. With the initiation of these components within the learner, there are now some basic health rules related to drugs and medicines that must be understood.

Do not take any drugs or medicines without parent's permission.

Do not play with the contents of a medicine cabinet.

Dispose of old drugs and medicines after an illness is over.

Recognize the danger label and symbol when marked on a container.

Parents should be informed when signs of illness are present.

Get medical checkups regularly.

LEVELS K-3

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Good health is important.	Allow students to draw pictures of healthy people engaged in some recreational or work activity.	Use regular health text.
	Have students explain, from a health view, why those in their picture can engage in the activities portrayed.	
	Stress the importance of good food, sunshine, rest, exercise, and fresh air.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Health, Education, and Welfare, 1967).
The goal of healthy living is dependent upon the early development of good personal health habits.	Ask students to bring pictures, portraying examples, to class for display using charts or bulletin boards. Discuss how each habit will benefit the class members.	
	Use the school nurse as a resource person to discuss the importance of good health habits.	School nurse as resource person.
The family works together to establish, protect, and maintain good health.	Involve students in listing the duties of each family member which contribute to the family's good health.	
	Role-play the duties of family members which help to maintain good health (e.g., mother cooking nutritious food, child reminding a brother or sister to brush teeth).	

FACT SHEET: PUBLIC HEALTH SERVICES

There are hundreds of organizations which provide public health services. They can be categorized into 3 groups--government, professional, and voluntary agencies. The services of these agencies are too extensive to go into detail, and only a few examples are given here. The state health departments check on the water supply, sewage disposal, and the inspection of food processing plants, dairies, and restaurants. The national government carries on medical research, maintains quarantine services to prevent communicable diseases from spreading to us from foreign countries, and supervises the sale of certain serums, antitoxins, and vaccines. One of the Food and Drug Administration's consumer protection responsibilities is to assure that drugs are safe and effective for their intended uses. Federal law requires that drugs be properly labeled with adequate directions for use in a specified condition. Prescription drug labeling must include all the information required by the doctor to prescribe for his patient. The package given to the patient, however, may carry only simple instructions, such as, take two before bedtime.

The Food and Drug Administration is responsible for the safety and effectiveness of drugs and the truth of advertising claims made for prescription drugs. This type of advertising is made only to physicians and other medical practitioners. The Federal Trade Commission is concerned with the truth of claims made in advertising over-the-counter medicines in newspapers, on radio, and television commercials. Since each of the three agencies operates under a different act of Congress, there are differences in enforcement philosophy and methods. In general, however, all agencies require that advertising material be related to labeling claims and be reasonably truthful. If an individual has any questions about the effectiveness of any over-the-counter medicine as claimed in an advertisement, he should consult his physician. If he believes the advertising of any such drug is false or misleading, he should contact the Federal Trade Commission.

From: United States Department of Health, Education,
and Welfare, Some Questions And Answers
About Medicine, (Washington: Government
Printing Office, 1966).

LEVELS K-3

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Community helpers (e.g., doctors, nurses, policemen, pharmacists, public health workers, garbage collectors, and food inspectors) aid us in maintaining good health.	List professions and occupations of those in the community who work to help us maintain and better our health.	
	Use community helpers as resource persons to discuss their work related to health.	Use community helpers as resource people.
	Plan a field trip to a nearby pharmacy.	Field trip to pharmacy.
Medicine, when properly used, helps maintain good health.	Discuss reasons for taking medicines.	
	Have students prepare oral reports on how medicine helped them fight an illness.	
	List medicines which children are familiar with and discuss their effect on the body.	United States Department of Health, Education, and Welfare, Some Questions an Answers About Medicine, (Washington: Government Printing Office, 1966).
Advertising is used to persuade us to buy a product.	List familiar commercials on television pertaining to medicines and evaluate these.	
	Collect drug advertisements and discuss how they are used to sell their product.	

FACT SHEET: PROPER USE OF DRUGS

Many drugs deteriorate and may become ineffective or even dangerous when stored a long time. A person should date all over-the-counter drugs when he buys them. The pharmacist will date prescription drugs. Some medicines bear an expiration date and should be discarded when that date is reached. In general, if a person is in doubt about the usability or freshness of any drug, he should throw it away.

"OTC (over-the-counter) drugs are safe in the recommended dosage, but may be extremely dangerous in large overdoses. For example, aspirin is seldom thought of as dangerous; we reach for it routinely to soothe headaches and other pains. But, there are many reports of poisonings of young children who swallow more aspirin than their little bodies can handle."

Prescriptions are not meant to be passed around a family or traded with a neighbor. No one should take a drug prescribed for someone else, even if he thinks he has the same illness. An individual should not even take a drug prescribed for him during a previous illness without first checking with his physician. He may not have the same illness he had before, even though he thinks he has. The drug may have lost strength. Also, the organism that caused the disease may have developed resistance to the drug.

Proper disposal of medicines is important to know. If the material is soluble in water, it should be flushed down the drain. If it is not soluble in water, it should be burned.

From: United States Department of Health,
Education, and Welfare, Some Questions
and Answers About Medicine, (Washington:
Government Printing Office, 1966).

LEVELS K-3

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MUTLI-MEDIA
Non-food substances may be harmful to the body.	List non-food items that may be found in the home (e.g., medicine, cleaning fluids, glue, paint, gas, bleach, lye, and hair spray). Point out the dangers of overdose, taking the wrong medicine, how non-food substances can be harmful to the body, and what to do if one has such an accident. The teacher may want to show samples of potentially harmful substances common in the home. Don't display these materials for safety reasons.	Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Use pictures of plants for display.
Non-food substances should be properly stored.	List non-food substances that are potentially dangerous(e.g.,medicine, cleaning fluids, glue, gas, bleach, lye,and hair spray). Discuss proper places to store dangerous non-food substances and why they should be kept out of the reach of small children. Go through the medicine cabinet and check labels. Develop a list of symbols and words found on labels showing the contents are poisonous and dangerous. Relate an art activity as reinforcement.	Teacher-made medicine cabinet out of cardboard box.
Surplus and old, outdated medicines should be properly disposed of.	Discuss the dangers of keeping old and outdated medicines. Discuss the methods of properly disposing of old medicines.	

FACT SHEET: LAW ENFORCEMENT AGENCIES

Children should learn the dangers of accepting favors from strangers. They should learn the value of telling their parents or the police, if necessary, whenever a stranger bothers them while they are playing, walking between school and home, running an errand, or the like. They should learn that policemen are helpers who protect them, their homes, and their families. They should develop an understanding of the laws with which they come in contact, an appreciation of their importance, and a willingness to obey them.

If a child is bothered while walking between school and home, he could seek immediate help at a "block" home. This home is easily distinguished by the large BLOCK HOME sign in the window. Further help could be received by calling the following:

Clark County Sheriff Department	384-6300	Henderson Police Department	565-8933
Las Vegas Police Department	384-1122	Boulder City Police Department	293-1424
Nevada Highway Patrol	385-0311	Nellis Air Police Squadron	643-2418
North Las Vegas Police Department	642-2330		

From: Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide For Teachers (Sacramento: California State Department of Education, 1967).

LEVELS K-3

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
It may be dangerous to accept any treat, such as candy or a favor, from a stranger.	Discuss the dangers of talking to strangers or accepting anything from them.	
	Role-play what should be done if confronted by a stranger.	United States Department of Health, Education, and Welfare, Self-Medication Fact Sheet, (Washington: Government Printing Office, 1966).
Laws are made to protect us.	List laws familiar to children and discuss why good citizens obey these laws.	
	Discuss reasons why we need laws related to food and non-food substances.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book for Teachers, (Sacramento California State Department of Education, 1967).

DRUG ABUSE EDUCATION
LEVELS 4-6

FACT SHEET: THE PRE-ADOLESCENT CHILD

It is surprising that we know so little about the intermediate aged child. It is one of the most difficult and baffling phases of all. Most referrals to child guidance clinics occur around this age, and if you look for volunteers to work on programs in recreation or child care, you will make this particular discovery. You will have no trouble finding people who just love to bathe little babies until they shine and smell good. You will have a little more, but not too much trouble finding people who are just waiting for a chance to "understand" adolescents who have problems and long for a shoulder on which to cry. But the pre-adolescent youngster offers neither of these satisfactions. You won't find many people who will be very happy working with him.

Are they children? Of course, they still look like young children. Practically no visible change has as yet taken place in their sex development. The voice is still about as shrill and penetrating as it ever was, the personal picture which they represent is still highly reminiscent of a child--- of about the worst child you have met, however, definitely not of the child they themselves were just a short time ago.

Are they adolescent? No. While filled with a collector's curiosity for odd elements of information about human sex life at its worst, they are not as yet really maturing sexually. While they occasionally like to brag about precocity in their sex attitude, the boy or the girl of the other sex is still something they really don't know what to do with if left alone with for any length of time.

The reason why we know so little about this phase of development is simple but significant. It is a phase which is especially disappointing for the adult, and especially for the adult who loves youth and is interested in it. These youngsters are hard to live with even when there is the most ideal child-parent relationship. They are not as much fun to love as when they were younger, for they don't seem to appreciate what they get at all. . . So the parent is at a loss and ready for a desperate escape into either of two bad mistakes. . . defeatism or tough-guy-stubborness. The teacher shrugs her shoulder and blames most of this pre-adolescent spook on the teacher the youngster had before her.

This is not a description which is universally applicable. However, it does underscore your opportunity to attempt to relate to your pupils in a meaningful way. They are developing their values, their attitudes, and their appreciations and the teacher is one of their guides.

Fritz Redl, "Pre-Adolescents--What Makes Them Tick",
Child Association Publication

DRUG ABUSE EDUCATION
LEVELS 4-6

Behavioral Objectives:

Knowledge:

1. The learner will be able to list those substances which have harmful effects when used inappropriately.

2. The learner will be able to identify those situations in which temptations for experimenting with drugs might arise.

3. The learner will be able to identify drugs which have beneficial effects when used under the guidance of a competent health advisor and yet may be dangerous when self-prescribed.

4. The learner will be able to identify advertising claims for dependency-producing substances which are misleading in nature.

Attitudes:

1. The learner will be able to identify ways one can live effectively and enjoyably without using various dependence-producing substances.

2. The learner will be able to identify how the body reacts to chemical solvents and other substances in ways that are harmful to the development and maintenance of good health.

3. The learner will be able to list ways by which society attempts to regulate the use of some products through legal and other channels.

4. The learner will be able to identify ways by which advertisers may encourage a person to use their product without describing the risks involved.

Behavior:

1. The learner will not use dependency producing substances without parent supervision.

2. The learner will use drugs only for medicinal purposes, and always on the advice of a physician or health advisor.

3. The learner will assume responsibility for his own well-being and avoid experimentation with dependency producing substances.

4. The learner will analyze, with an objectivity comparable to his maturity, persuasive appeals.

FACT SHEET: THE ELEMENTARY CHILD AND DRUG ABUSE EDUCATION

The elementary grades offer the first opportunity to present formal instruction concerning the principles of good health practices. The subject of drugs, what they are, what their benefits are, and how they should be used, is not too complex for young minds.

In the early grades, the teacher should strive to develop an awareness that drugs and household chemicals have proper uses, but that their potenitally dangerous nature demands the youngster's respect. Discussions of drug abuse should be concerned with the dangers of taking things from such places as the medicine chests and closets without parental permission. Dangers of accepting what appears to be candy from strangers and the sniffing of fumes from glue, paint, gasoline, cleaning fluid, and other volatile substances around the home should also be discussed. Children should be encouraged to report to their parents or teachers any strange feelings of dizziness or illness following ingestion of any substance including foods and drugs.

Sniffing glue and other volatile substances may be attempted "for kicks" by children as early as ten years of age. Often, an older brother or sister will introduce them to the practice. Therefore, discussions of this form of abuse might be introduced as early as fifth or sixth grades for prevention--- particularly in areas where drug abuse is common. If information is presented in a simple, forthright manner, a child of ten or eleven years will begin to understand the effects, dangers, and causes of inhaling the fumes of chemicals. The teacher may find that the pupils know about other types of abuse (e.g., abuse of pills and narcotics) and should be prepared to answer questions accordingly.

From: Drug Abuse: Escape to Nowhere. A Guide for
Educators (Philadelphia: Smith, Kline, and
French Laboratories, 1967).

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
There is lack of agreement on the age at which concrete data on drugs can be effectively taught.	Administer a pre-test to determine the current attitude towards and the knowledge of drugs possessed by students. This may be a simple pencil-and-paper test or the information may be obtained and assessed through classroom discussion.	Helen H. Nowlis, The Fog Keeps Rolling In, (Washington: American Pharmaceutical Association, 1968).
	Assess the accumulated information and determine the course of action most appropriate. It may be necessary that time be spent reviewing and enlarging the concepts and activities discussed in the previous section.	"Students and Drug Abuse", Today's Education, NEA Journal, March, 1969. Film: Strangers, F5535.

FACT SHEET: DEVELOP UNDERSTANDING AND GOOD HEALTH HABITS

Parents must learn how to understand better and communicate more effectively with their children. Unfortunately, an adult tends to forget the illogic of the child's mind. He reasons with the child as though the child were capable of thinking as an adult. A child, however, has his own ideas which frequently are closer to fantasy than to fact. These misconceptions must be aired and explained before the child can accept and appreciate facts. Until the fantasies are cleared away, what the adult says may not be heard or understood by the child.

Typical of such fantasies is a child's ideas about childbirth. If a young child knows that a baby grows in the mother's stomach, he may at first think that impregnation occurs by particles taken into the mouth. Later, when accurate information is given, the childish mind may merely add it to the fantasy. Thus, although told about fertilization, the child cannot shake the impression that kissing will cause pregnancy.

In like fashion, if a young child is taught to believe that medicine contains the special magic that will cure all his pains or ills, it will be difficult for him to shake this fantasy. It will be all the easier for him, in spite of later information, to turn to drugs for comfort when his reality is too difficult for him to bear.

We must remove the magic and fantasy from drugs and help the child to see drugs for what they really are--capable of helping in specific situations with controlled and supervised use, or capable of dangerous and destructive effects to body and mind if misused or used to excess. We know that any drug, even those in common use and considered safe, can be dangerous when misused. Children need to know this. Parents and teachers must inform them of this.

In the family unit, we must practice precisely what we recommend for the larger unit of state or nation. The presence of drugs must be restricted. Adults must set better examples. Parents must be responsible if they expect to develop responsibility in their children.

From: United States Department of Health,
Education, and Welfare, Runningawayness,
(Washington: Government Printing
Office, 1966).

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Good health and good health habits are the most significant goals an individual can have. Everyone must strive, individually and as a society, to maintain these precious possessions.	Initiate classroom activities which will lead students to accept the concept of pride in and respect for their physicial bodies.	United States Department of Health, Education, and Welfare, Runningawayness, (Washington: Government Printing Office, 1966).
	Expand the units already in teaching plans to encompass an awareness of the emotional and psychological adjustments to be faced in present experiences and in coming years.	Use regular health texts.
	Involve students in activities which will result in an awareness of the fact that each of us needs a sense of belonging in order to survive and thrive.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book for Teachers (Sacramento California State Department of Education, 1967).
	Use every means (e.g., discussion, pictures, films, and bulletin board) to instill the idea that the human body is a miraculous creation and the appreciation of health is a precious resource.	Films: Romance of Pharmacy, F0754. How Our Bodies Fight Disease, F5074.

FACT SHEET: GOOD MENTAL HEALTH

A child needs interest, attention, affection, and a sense of belonging in order to thrive. With these, a child can accept restrictions and discipline because the relationship offers the love and support and understanding essential to his healthy development. The child comes to know he is not being molded merely according to the wishes of an adult, but that his own ideas and needs are being considered. A child with these advantages can tolerate frustration and cope with anger and disappointment. Without them, a child is a thing apart. He feels unwanted and a burden to others. Such a child must hunt to obtain the satisfaction of his needs.

Children in the classroom are of both types and all degrees between the two classifications. The accepted child accepts the teachers acceptance of him.

From: United States Department of Health,
Education, and Welfare, Runningawayness,
(Washington: Government Printing Office, 1967).

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Good mental health is dependent upon the adjustments we make in life and not upon external substances taken into the body.	Initiate classroom activities (e.g, discussion, panel, role-playing,debate, and research) which will lead to an awareness that the joy of living comes from within. Topics might include: 1. What do you do for fun? 2. What do you do for 'kicks'? 3. With whom do you enjoy playing? 4. My most satisfying experience this past year was. . . .	"Students and Drug Abuse", Today's Education, NEA Journal, March, 1969.
Some people attempt to find enjoyment, or to solve the problems of living, by consuming things which may be harmful to their health.	Motivate students to collect pictures, make scrapbooks, and prepare bulletin board display illustrating the enjoyable aspects of school life, family life, or community involvement.	Use illustrations of current news media. Everyday someone is reported as trying to solve life's problems with alcohol, drugs,or other substances.
	Allow the development of committees which will develop reports on what is being done and what could be done in this area by schools, churches, and the community.	Films: A Community Keeps Healthy F 0015.
	Through class discussion compile a list of suggested problems the students consider important. Use this listing as a basis for planning further learning experiences.	Strangers, F5535. Drugs and The Nervous System, F1475.
	Arrange learning experiences which will result in students compiling a list of things people eat or otherwise consume in order to feel better (e.g., coffee, tea, aspirin, cold tablets, and shots from a doctor).	United States Department of Health, Education, and Welfare, Runningawayness, (Washington: Government Printing Office, 1966).
	Analyze whether the feelings of well being are social, physical, mental, or a combination of these. Construct a chart or use other techniques to organize the information.	

FACT SHEET: DRUG ABUSE; AN ANCIENT PROBLEM

Drug abuse is an ancient problem. Man has exercised great ingenuity in conjuring up substances which will ease tension---be they "ups" or "downs". For many centuries he limited these substances to plants and their derivatives. Along about the 1850's modern chemistry opened a new era with the manufacture of bromides to be used as sedatives. The tremendous demand for these drugs gave birth to misuse and soon downright, purposeful abuse, often resulting in intoxication and psychotic complication. Subsiding for a while in the 1930's, the bromides were replaced by barbiturates with their quick-acting properties. The last 20 or 30 years has seen widespread use and abuse of these drugs, commonly known as sleeping pills and pain killers. Here in the United States these drugs are purchasable on the black market and have been used either alone or in combination with othe r drugs or alcohol. This was one of the reasons Congress moved to enact the Drug Abuse Control Amendments of 1965.

In the 1950's, with the advent of economic and social pressures brought on by the postwar boon, the minor tranquilizers began to appear. They, too, can produce psychological and physical dependence. They quickly followed the path of earlier sedatives, moving in the black market and being abused along with the barbiturates.

Now the stimulants, or the "ups" have been used in medical practice only for the past 35 years. The amphetamines have been found to have dependence characteristics which can lead to serious personal problems; however, unlike the narcotics or barbiturates, over medication does not lead to physical dependence, mainly psychic need to overcome depression or fatigue or to attain effects of excitement or exhilaration. Dependence can start in the physician's office. But more likely it has its root in the illicit channels of indiscriminate sale to such people as truck drivers who want to stay awake on excessively long hauls or to teenagers and young adults looking for new "kick".

The degree to which the abuse of stimulant drugs stems from over prescribing on black market operations is unknown. However, the problem is serious enough to enlist the combined efforts of the medical and pharmaceutical professions and the Federal Government.

Another territory for the abuse of amphetamines was opened up when it was discovered that the drug was effective in stifling the sensation of hunger and hence it has been used for weight reduction in obese people. Now in this day of the low-calorie colas, sugar-free candies, fat-free milk, and other tasteless or unsavory foods, the obese person is fair game for the pill. While he might have thinned down, he many times found that he was "hooked" on this drug which also stimulated the central nervous system. The dependence producing qualities of stimulant drugs did lead to the restricting of the drugs to prescription only status. This stifled the problem somewhat but did not eliminate it. Amphetamines are today a major medical and social problem.

From: Roger, Paul G.
Drug Abuse In Our Society, Vol.NS8, No.3, March 1969,

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Man's search for ways to relieve pain and suffering has led to the discovery and development of many chemical combinations known as drugs.	Through class discussion, compile a list of ways in which students define drugs. Discuss their definitions. Submit this definition, or one of your choosing, to the students for discussion. (A drug is any substance, other than food, which affects body structure or function.) Through discussion and analysis, arrive at an acceptable definition of the word drugs which will be used consistently in future presentations and discussion. In a small group discussion, have students compile a list of the drugs which they have seen advertised. Have the lists presented for discussion and call attention to the difference. Compile a master list which may be written on the chalkboard or posted on the bulletin board. In a small group discussion or committee research, develop a chart of the chronological progression of drug development. Use the chart as a discussion tool. Display it. Use the school nurse to lead a discussion or answer student questions.	Victor H. Vogel and Virginia E. Vogel, Facts About Narcotics and Other Dangerous Drugs (Chicago: Science Research Associates, 1967). Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book for Teachers (Sacramento: California State Department of Education, 1967). Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Films: Drugs and Poisons from the Sea F0751. Health Heroes--Battles Against Disease, F5341. Tape Recording: "A Child Again!". School nurse as resource person.

FACT SHEET: SOME QUESTIONS AND ANSWERS ABOUT MEDICINES

Some questions and answers about medicines:

1. Are Medicines Bought Over-the-Counter As Good As The Ones A Doctor Prescribes? Both prescription and over-the-counter medicines must meet high standards of strength, quality, and purity. The present provisions of the food, drug, and cosmetic laws set different standards for effectiveness of drugs, depending on the date they were first introduced to the market. In general, however, all drugs must be effective to meet the conditions of the labeling claims they make. Over-the-counter drugs should be used only for minor illnesses that last a short time. A physician should be consulted about any major illnesses or even a seemingly minor one that persists.

2. Can Consumers Trust The Claims Made For Medicines In Newspapers And On Radio And Televison? The Food and Drug Administration is responsible for (l) the safety and effectiveness of drugs and (2) the truth of advertising claims made for prescription drugs, which are advertised only to physicians and other medical practitioners. The Federal Trade Commission is concerned with the truth of claims made in advertising over-the-counter medicines in newspapers and on radio and television. The Federal Communications Commission also exercises some control over radio and television commercials. Since each of the three agencies operates under a different act of Congress, there are differences in enforcement philosophy and methods. In general, however, all agencies require that advertising material be related to labeling claims and be reasonably truthful. If an individual has any questions about the effectiveness of any over-the-counter medicine as claimed in an advertisement, he should consult his physician. If he believes the advertising of any such drugs is false or misleading, he should contact the Federal Trade Commission.

3. Are Pills For Weight Reduction Safe And Effective? No drug will "melt away" fat. Weight control-- unless complicated by illness is a matter of reducing the intake of calories below the number of calories used up by the body. Vitamin pills are not effective in weight reduction and, at best, only contribute to good nutrition if the diet is being drastically reduced. Some drugs, in relatively large doses, help curb the appetite. A physician should prescribe them and carefully supervise their use. A person who needs to lose more than a few pounds should see a physician and follow his instructions.

4. What Do The Sumbols U.S.P. or N.F. Signify When They Appear On A Drug Label? U.S.P. stands for the United States Phamcopeia and N.F. for the National Formulary. These books contain the official standards for strength and purity for various drugs recognized by the U.S.P. and N.F. conventions. These conventions are made up of experts in the fields of medicine, pharacology, and other sciences, and are held every five years to determine what drugs should be recognized. The Federal Food, Drug, and Cosmetic Act recognizes the standards of the U.S.P. and the N.F.

From: United States Department of Health,
Education, and Welfare, Some Questions
And Answers About Medicine, (Washington:
Government Printing Office, 1966).

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
We live in a society which is becoming increasingly drug-oriented.	If you use parental involvement in student learning activities, have students bring in a list of all drugs, including over-the-counter medicines, which are in the home. Prepare a master list and discuss the significance of these medical preparations in life. Involve students in compiling a list of radio, television, newspaper, or magazine advertisements urging use of specific medical preparations. Discuss these cautioning students to be aware of the misleading statements. Involve students in making a scrapbook or a display of pictures and ads they have brought to class. Structure classroom activites to involve students into role-playing a situation showing the beneficial results of taking one of the medical preparations. Permit student involvement in discussion. Encourage self-expression through artistic illustration of an imaginary new "magic potion" discovered to cure all ills. Have others write advertising copy. Discuss. Provide a question box for anonymous questions about drugs. Select questions for discussion at various times.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers. (Sacramento: California State Department of Education, 1967) Drug Abuse: Escape To Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). "The Drug Takers", Time-Life, (New York: Time, Inc., 1965). Current newspaper and magazine articles. Consult fact sheets throughout guide. No Secret (Las Vegas: Clark County School District, 1967). Jules Saltman, What We Can Do About Drug Abuse, (New York: Public Affairs Committee), Pamphlet #390.

FACT SHEET: CASE STUDY

The use of amphetamines by young people for a "thrill", "lift", or "kick" is dangerous. Among confirmed users, oral ingestion of amphetamine pills may be replaced by intravenous injections of large doses of amphetamine in solution. Frequently, the use of amphetamine opens the door to use of other drugs. Sharon's case illustrates this point.

Sharon had always been overweight, and while she was in her middle teens her doctor prescribed amphetamine as an accessory to a reducing program. Sharon enjoyed the stimulation she felt after taking her medication and wanted more pills than her doctor prescribed. She found that a friend of hers knew where to get them. Through him she not only kept herself supplied with amphetamine, but she also learned about barbiturates and often alternated stimulants and depressants "Just for the kick". Soon her friend introduced her to a group who came together to smoke marijuana, and Sharon became a regular marijuana smoker.

She was nineteen when she first tried heroin, and soon she was a regular user. By this time she had left her family, people of education and comfortable circumstances who resided in a large city, and was on her own. And within a short time afterwards she had resorted to prostitution to support her habit. After more than five years on heroin, she was arrested for possession of narcotics, tried, and released on a technicality. As a result of this arrest, Sharon took stock of herself and entered a voluntary rehabilitation program. She had continued drug-free for almost a year at the time she recounted her story.

Sharon had a message for young people: "Don't begin! " Sharon's admonition emphasizes the important point that the initial decision whether to use a drug is crucial. The young person who decides to use drugs illegally is taking a step which profoundly alters the course of his life and may lead eventually to the loss of his freedom of choice in respect to the use of drugs.

From: Angela Kitzinger and Patricia J. Hill,
Drug Abuse: A Source Book and Guide For Teachers (Sacramento: California
State Department of Education, 1967).

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
There is a pill or potion for every minor discomfort, stress, pain, and minor ill available at our modern drug stores and advertised in our mass media.	Develop any spelling or vocabulary lists you may desire focusing on drugs. Some students may be familiar with the slang terms listed in the Appendix. Involve students in small group discussion: Truth In Advertising. Debate the topic: "Slogans, Fact or Fiction."	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Drug Abuse: Escape to Nowhere. A Guide for Educators. (Philadelphia: Smith, Kline, and French Laboratories, 1967). "The Drug Takers", Time-Life, (New York: Time, Inc., 1965). Current newspaper and magazine articles. Consult Fact Sheets throughout guide. No Secret (Las Vegas: Clark County School District, 1967). Jules Saltman, What We Can Do About Drug Abuse (New York: Public Affairs Committee), Pamphlet #390.

FACT SHEET: SOME QUESTIONS AND ANSWERS ABOUT DRUG SIDE EFFECTS

1. What Are Side Effects From Drugs? Most drugs have more than one effect on a person. One action may be helpful in treating an illness. Other actions may prove to be only a nuisance. Still others, however, may be dangerous. *The actions which do not produce the specific benefit intended are called "side effects."*

2. Do All Drugs Have Side Effects? All drugs have some side effects. Whether a particular patient suffers a side effect may depend on his personal reaction to the drug or the quantity of drugs he has taken. Even a drug which produces only the desired effect may be harmful if the drug is taken in excess. For example, if there were a drug which could lower blood pressure without any other effect on a patient, excessive lowering of blood pressure in itself could be dangerous.

3. Why Does The Food And Drug Administration Allow A Drug With Side Effects To Be Marketed? Practically no medicine would be available if FDA banned all drugs with side effects. The agency must weigh the potential good of a drug against its possible side effects.

4. Are Side Effects More Likely To Occur With Prescription Medicines Than With Over-the-Counter Drugs? Yes. Side effects are relatively common with potent drugs. This is one reason why FDA usually specifies that such drugs can be sold only on a doctor's prescription. The kind of reaction, how often it occurs, and how serious it is are other factors considered in deciding whether a drug must be a prescription drug. However, some drugs, like aspirin, have realtively few side effects, and even those do not occur frequently.

5. Should People Fear Drugs Because Of Possible Side Effects? Drugs should be respected rather than feared. A physician's decision to use a drug is a considered one. It is his decision that it is better to treat a disease with a certain drug than leave it untreated, and there is a greater danger in not using the drug.

6. How Does The Food And Drug Administration Safeguard The Public Against Possible Side Effects From Drugs? FDA takes steps to make sure that new drugs have been thoroughly tested for safety and effectiveness before they are allowed on the market. Also, FDA requires that drugs, whether sold over-the-counter or on prescription, must be adequately labeled. The labels must show:
   1. The purpose for which the medicine is to be taken.
   2. How much is to be taken.
   3. How often and how long.
   4. Any necessary warnings and cautions. For example, one product must be labeled, "Warning. . . This medication may damage the kidneys when used in large amounts for a long period of time. Do not take more than the recommended dosage, nor take regularly for longer than 10 days without consulting your physician."

From: United States Department of Health, Education

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Every substance taken into the body by any means enters into the complex functioning of the body and affects its condition.	Reemphasize through class discussion the importance of sound health and the responsibility of each individual for maintaining and safeguarding his health. Initiate learning experiences which will involve the students in selecting and collecting pictures emphasizing the beauty and complexity of the human body. Guide committees or small groups to develop a diagram of the bloodstream, showing how substances entering the body are carried throughout the body. More able students may attempt constructing a simple working model to exemplify the idea of the circulatory system. Encourage committees or individuals to do research on the brain and the nervous system, stressing their interrelatedness with other systems, and their importance to other functions of the body. Discuss the results of projects and assignments. Encourage a committee of students to prepare a list of questions for a class interview with the school nurse.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967) Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Jacob Sakol, Glue Sniffing, Narcotic Educational Foundation of America. Lindsay Curtis, Big Trouble In A Tube (Dallas: Tane Press, 1967). Current newspaper and magazine articles. Nurse as resource person. Films: The Human Body--Nervous System, F0595. Human Body--The Circulatory System, F0102.

FACT SHEET: ANOTHER DEPENDENCY PRODUCING SUBSTANCE

The 1967 United States Public Health Service Report states: "Cigarette smoking males have a higher coronary heart disease rate than nonsmoking males. This death rate may, on the average, be 70 percent greater, and in some, even 200 percent greater or more in the presence of other known 'risk factors' for coronary disease. Female cigarette smokers also have higher coronary death rates than do nonsmoking females, although not as high as that for males. In general, the death rates from this disease increase with amounts smoked. Cessation of cigarette smoking is followed by a reduction in the risk of dying from coronary heart disease when compared with the risk of those who continue to smoke."

"Cigarette smoking is the most important cause of chronic noncancerous bronchopulmonary diseases in the United States. It greatly increases the risk of dying not only from both chronic bronchitis but also from pulmonary emphysema. Additional epidemiological, pathological, and experimental data not only confirm the conclusions of the Surgeon General's 1964 Report regarding lung cancer in men but strengthen the causal relationship of smoking to lung cancer in women. The relationship between cigarette smoking and death rates from peptic ulcer, especially gastric ulcer, is confirmed. In addition, morbidity data suggest a similar relationship exists with the prevalence of reported disease from this cause."

Many youths begin experimenting with cigarettes during the 12th and 13th year of life and the percentage participating increases over the next few years. A considerable number become regular users before entering high school.

From: Food and Drug Administration Fact Sheets,
U.S. Department of Health, Education,
and Welfare, Public Health Service Pamphlet, 1967.

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Public concern about the harmful effects of all dependency-producing substances is increasing as scientific data accululates.	Encourage students to report on television programs they have seen which deal with this idea. Analyze and discuss.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967)
	Encourage students to develop a list of dependency-producing substances found in our society and discuss. (The most common one is caffine--found in coffee and soft drinks). Handle tobacco and alcohol as dependency-producing substances.	Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967).
	Use the school nurse, social worker, or a law enforcement person to speak on dependence- producing substances.	See Fact Sheets on laws, rehabilitation, and concerns of society in this guide. Current newspaper and magazine articles. Resource people: school nurse, social worker, or law enforcement person.

FACT SHEET: CASE STUDY

Bill just didn't feel well. His mom had noticed that Bill complained occasionally of being sick to his stomach. He was losing wieght. Recently he seemed to be spitting all the time. His teachers mentioned his gradual loss of interest in school. He seemed so inattentive.

A good share of the time Bill spent in his room alone working on some model cars he was putting together. If surprised while he was alone in his room, he usually seemed to be wiping his nose with a hankerchief as if he had a cold.

Worried as well as interested, Bill's mom had watched him closely. On this particular evening mom knocked on Bill's bedroom door but received no answer. After knocking again more vigorously, she opened the door to find Bill lying on the bed unconscious, a plastic bag over his head.

Mom screamed for dad, quickly pulled the bag off Bill's head, and began to apply artificial respiration. Dad took over now and applied the assistance even more vigorously while mom phoned the doctor.

Only after Bill had slowly roused from what might have been a fatal sleep did his parents notice something they had never suspected before. . . several crumpled, empty tubes of plastic glue on the floor by Bill's bed. It seemd unbelievable; Bill was a "gluesniffer".

Glue sniffing, or more accurately "solvent sniffing", is at best a dangerous, grossly overrated method of obtaining a "kick". Through misinformation this has come to be known as a "safe" and easily obtainable medium by which even the most youthful teenagers may become drunk. For them alcohol may be unobtainable, but they can always go to the supermarket and buy glue just as though they were buying a loaf of bread.

Even more dangerous than glue, however, and perhaps more widely used is gasoline, paint thinner, or lacquer. A small amount of gasoline, for instance, if it gets into the lungs, can cause death.

While the early effects of solvent sniffing may produce a giddy, silly, excited feeling, this can rapidly progress to a toxic, dangerous state. From a mildly drunken condition, in which the sniffer slurs his words and is uncoordinated, he soon develops double vision, ringing in his ears, drowsiness, stupor, unconsciousness, coma, and eventually death.

Repeated sniffing of solvents, even though they are not taken in amounts sufficient to produce immediate death, may produce damage to the kidneys, the liver, and the brain. The sniffer may also develop damage to his bone marrow resulting in aplastic anemia, a fatal blood disease.

From: Lindsay Curtis, Let's Talk About Drugs
(Dallas: Tane Press, 1967), p.7.

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Glue-sniffing, or more accurately solvent sniffing, is a dangerous and grossly overrated method of obtaining a "kick".	Design a pretest to determine present awareness of and knowledge about solvent sniffing and its consequences. Use the results to determine teaching procedure.	Jacob Sakol, Glue Sniffing, Narcotic Educational Foundation of America.
	In small groups, allow students to compile two lists of things people sniff, one list "harmful" and the other "not harmful" substances. Discuss the presentation of the lists and compile a master list from all suggestions.	AMA Department of Health Education, Glue Sniffing. Lindsay Curtis, Big Trouble In A Tube (Dallas: Tane Press, 1967).
	Involve students in activities which will lead to the preparation of a master list of all solvents which are found in a home. Divide them into "Harmful" and "Non Harmful". Discuss the material.	Lindsay Curtis, Goofballs and Pep Pills (Dallas: Tane Press, 1967).
	Discuss the combining of solvents or chemicals found around home which might produce a harmful combination.	Use school nurse, social worker, doctor, or other informed individual as resource person.
	Have some students, or a committee of all students, write an imaginary story involving a character who inhales solvents. Read and discuss in a group setting.	Film: Your Friend, The Doctor, F0095.
	Make and use transparencies or overlays from Goofballs and Pep Pills, by Curtis.	
No person should ever inhale the fumes of a volitale chemical if it can be avoided.	Read the accompanying story on the Fact Sheet and discuss student reactions.	

FACT SHEET: A POISONOUS PLANT

The most common of all poisonous plants is toxicodendron radicans (poison ivy). Usually it is a trailing vine which clings to its support by a thick fringe of aerial rootlets along the stem. Poison ivy has three leaflets. The leaves are green in the summer but scarlet in the spring and fall. It is often confused with woodvine and the similarities and differences should be discussed with children.

The active irritant in poison ivy is an oil called urushiol. It is present in the leaves, and also in the flowers, fruits, and bark of the stems and roots. Cases of poisoning can develop at all seasons of the year if a person handles the broken stems, the leaves,or the berries. Even standing in the smoke of burning poison ivy is said to cause poisoning. The toxin may be transmitted by the fur of pets who have brushed through the plants, by garden tools, by firewood, or by anything to which the oil can cling.

Some people who have been immune to poison ivy poisoning for years may suddenly become highly sensitive to it. White skin blisters which itch furiously appear from twelve hours to several days after infection. The area of infection becomes moist, swollen, and inflamed as the blisters break. Scratching spreads the poison to other parts of the body. Healing may require from one to three weeks.

If contact with the plant is suspected,the skin should be scrubbed with laundry soap and sponged with rubbing alcohol. This should be repeated three or four times because inadequate washing only spreads the poison.

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
There are dangerous poisonous plants growing in our community which can be harmful to individuals.	Through group discussion, or other techniques, have students compile a list of the known poisonous plants growing in Clark County and environs. Disucss the list. (e.g.,Castor bean and oleander). If there are Boy Scouts in the class, have them consult with their leaders to see if additional information is available. Have them repart to the class. Encourage research to be conducted by individuals or committees and reports be made to the class for discussion. Motivate the students to role-play their reaction and the procedures they would follow if poisonous berries or other plants were ingested. Discuss these with the class pointing out the dangers of self-medication and the need to obtain professional help as soon as possible. Initiate artistic activities which will lead to consulting the color plate, "Poisonous Plants", found in some dictionaries or encyclopedias. Arrange displays of student materials (e.g., art, lists, pictures, and essays).	Use the encyclopedia. Secure pamphlets from local organization (e.g.,Boy Scouts; Girl Scouts, and Garden Club) Film: Drugs and Poisons From The Sea, F0751.

FACT SHEET: AMPHETAMINES

Amphetamine is most commonly available as amphetamine sulfate, a whitish powder available in various forms--tablets, capsules, ampules, and solution. Amphetamine and its chemical variants are marketed under various trade names such as Benzedrine, Dexedrine, and Tuamine.

Amphetamine is a central nervous system stimulant best known for its ability to combat fatigue and sleepiness. It is also sometimes used to curb the appetite and has thus played a role in weight reduction for some people who are incapable of exercising self-control over their food intake.

Applied externally to nasal membranes, amphetamine exerts a constricting effect on the blood vessels and was, until abused, a standard ingredient of various commercial nasal sprays and inhalants. Such sprays are no longer available except on prescription.

Amphetamine is a valuable drug when used under medical supervision, but like all drugs, it is dangerous when abused. In the argot of the illegal user, amphetamine pills may be termed "bennies", "dexies", or "pep pills". Self administered in larger than therapeutic amounts, amphetamine may induce feelings of euphoria, exaggerated alertness, and actual intoxication. Amphetamine is abused in many ways. . . by drivers to keep awake. . . . by college students to study for exams. . . by athletes. . . and by adolescents.

From: Angela Kitzinger and Patricia
J.Hill, Drug Abuse: A Source
Book and Guide For Teachers
(Sacramento: California State
Department of Education, 1967).

LEVELS 4-6

COMPONENT IDEAS	SUGGUESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
The most common method of classifying drugs is by their effect on the central nervous system, especially the brain. The three principal classifications are stimulants, depressants, and hallucinogens.	Plan a problem-solving approach to the topic "Drugs and Their Proper Use" in which all students will be involved. Arrange learning experiences in which some students will research the history of drugs. Cover such aspects as early search to find substances to relieve ills, natural sources of drugs, development of synthetic drugs, special drugs and their importance to man, and the growth of the drug industry in recent years. Involve students in studying the organization of advertising for the drug industry. Tape recordings of advertisements could be prepared from mass media and played in the classroom. Collections of drug slogans might be made and discussed. Encourage students to discover why some drugs are sold across -the-counter and others are available only by prescription. Discuss the safety precautions involved.	The Up and Down Drugs, Public Health Service Publication #1830. American Medical Association, Amphetamines, 1968. Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book And Guide For Teachers (Sacramento: California State Department of Education, 1967) Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Use the encyclopedia. Film: The Human Body--Nervous System, F0595.

FACT SHEET: BARBITURATES

While dependence on drugs of the barbiturate type presents certain similarities to dependence on drugs of the morphine type, in detail there is a characteristically different picture both during the course of intoxication and during withdrawl. It is a state arising from repeated administration of a barbiturate on a continuous basis, generally in amounts that exceed the usual therapeutic dose levels. There is a strong desire or need to continue taking the drug, a need that can be satisfied by the drug taken initially, or by another with barbiturate-like properties. This is a psychic dependence on the effects of the drug that is related to subjective and individual appreciation of these effects. There is a physical dependence requiring the presence of the drug for the maintenance of homeostatis and resulting in a characteristic and self-limited abstinence syndrome when the drug is withdrawn.

Tolerance to barbiturates does develop and, with relatively low doses, it will become evident within seven days. There is, in contrast with tolerance to morphine-like drugs, a limit to the dose to which a person can become tolerant. This limit is a characteristic of the individual person and varies widely.

During the chronic intoxication of continuing administration, there is some persistence of sedative action or ataxia through the incomplete development of tolerance, which makes the individual accident-prone. There is also impairment of mental ability, greatly increased emotional instability, and risk of sudden overdosage through delayed onset of action and perceptional distortion of time. The clinical manifestations of chronic barbituratism are similar to those of chronic alcoholism.

From: Nathan B. Eddy, H. Holboch, Isbell Harris,
and Maurice H. Severs, Significant
Characteristics Drug Dependence, (Switzerland)
pp.724-725.

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
The drugs known as depressants reduce activity, produce drowsiness, and cause mental dullness.	Familiarize the students, through discussion, with the meaning of a depressant and its implications. In a class discussion, encourage students to compile a list of the depressant drugs with which they are familiar. Keep a copy of the list or write it on the chalkboard and add to it in later sessions. Combine the activities listed under "stimulants" with "depressants" when using a doctor, a pharmacist, or other resource persons. Initiate classroom student panels to discuss the use of depressants to relieve pain, for sedation, epilepsy, high blood pressure, cough control, and diarrhea. Research reports may be done by individuals or committees on the use of depressants or barbiturates. Discuss the reports and urge students to share appropriate materials with other grades. Initiate classroom activites which might involve a role-play situation on which a student is approached to try depressants. Discuss how he should react. Lead class into discussing why he should also report this to his parents, teacher, or law enforcement person.	The Up and Down Drugs, Public Health Service Publication, #1830. American Medical Association, Amphetamines, 1968. Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers. (Sacramento: California State Department of Education, 1967) Drug Abuse: Escape to Nowhere, A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Use the encyclopedia. Film: The Human Body--Nervous System. F0595.

FACT SHEET: HALLUCINOGENS

This group includes among other drugs, mescaline, a chemical taken from the peyote cactus; psilocybin, extracted from Mexican mushrooms; and LSD-25, lysergic acid diethylamide, the best known of the hallucinogens.

Eating, inhaling, or injecting even a small quantity of LSD as 1/280,000 of an ounce causes symptoms ranging from hallucination, distortion, and intensification of sensory perception to panic, impulses towards violence, suicidal acts, and psychosis. These effects, totally unpredictable and varying widely from person to person, may last from eight to ten hours and recur without taking the drug again for years.

There are also physical effects associated with the use of LSD. There is an increase in blood pressure, heart rate, and blood sugar accompanied by nausea, chills, flushes, irregular breathing, trembling, and sweating of hands. Sleep becomes virtually impossible until at least eight hours after the LSD episode is over. Pupils are so widely dialated that the user has to protect himself against the light with dark glasses, even at night.

Hallucinogens do not produce a physical dependence; however, the user may develop a psychological dependence.

After nearly 20 years of clinical research and 2,000 papers published in scientific journals, no medical use has as yet been found for LSD. Together with other hallucinogens, it is considered an investigational drug and its action on the body and nervous system is not yet understood.

LSD as a therapeutic adjunct in the treatment of various mental disorders, alcoholism, and autistic or psychotic children and adults is being tested and evaluated.

The use of hallucinogens as "mind-expanding" drugs was first suggested by Aldous Huxley in the early 1950's. It has lately become something of a vogue or cult in "hippie" circles and on college campuses as the result of the publicity engendered by Dr. Timothy Leary who was dismissed from Harvard University.

The use of LSD can have disastrous consequences and frequently requires extensive psychiatric treatment to restore the individual. Because of the growing abuse of LSD, the only licensed manufacturer and investigator of the drug voluntarily ceased manufacturing in April, 1966.

Since the government has taken steps to curb the illegal traffic of lysergic acid and lysergic acid amide, chemicals from which LSD can be made, drug abusers are now using LSD of untested purity and strength. Experimentation with bootlegged "bathtub" LSD, peddled to the abuser in a sugar cube with an unknown dose of the drug, may be even more dangerous than the use of legally manufactured LSD had been.

From: Food and Drug Administration Fact Sheet,
United States Department of Health, Education,

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
The drugs known as hallucinogens produce dream-like states or hallucinations.	A pre-test on hallucinogens might reveal an awareness of the drugs. Plan discussion, research, role-playing, and other activities if you feel there is a need in your group. This guide has further suggestions in later sections including Fact Sheets and suggested resource materials.	LSD-- Some Questions and Answers, Public Health Services Publication #1828. Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967) Drug Abuse: Escape to Nowhere, A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967) See Fact Sheet in Levels 10-12 section.

FACT SHEET: FEDERAL LAWS

The legislative control of the Federal Government over narcotics and dangerous drugs rests in the following laws enacted in the course of the past half-century.

HARRISON NARCOTIC ACT (1914) This act is a tax measure designed to control the importation, manufacture, production, preparation, purchase, sale, distribution, or gift, of opium and its derivatives. It requires registration and payment of an occupational tax of all who deal in these substances. Prior to this act, opium and its derivatives could be purchased at drug stores without prescription. The act limits sales or transfer to registrants using official order forms, allowing exceptions only for legitimate medical or dental practice. Federal courts have maintained that dispensing of drugs to an abuser merely for the gratification of dependence is not legitimate medical or dental practice.

The NARCOTIC DRUGS IMPORT AND EXPORT ACT (1922) This is a reenactment and revision of an earlier law. It limits the importation of crude opium and coca leaves to amounts deemed necessary for medical and scientific needs and specifically prohibits the importation of opium for smoking or for the manufacture of heroin. The purpose of this act is to stamp out the use of narcotics in the United States except for legitimate purposes.

The MARIJUANA TAX ACT (1937) Instituted controls over marijuana similar to those over opium. The same exceptions are allowable for medical practice, but these are academic today because the medical use of marijuana is obsolete. This act, therefore, surpresses the use of marijuana in this country.

The OPIUM POPPY CONTROL ACT (1942) Prohibits the production of the opium poppy in the United States except under license and provides penalties for persons who grow the poppy illegally.

The NARCOTIC CONTROL ACT (1956) Resulted from intensive studies made by Senate and House committees which investigated the narcotic problem in the United States in the wake of the postwar increase in juvenile addiction. Both committees recommended the imposition of heavy penalties as the strongest known deterrent to narcotic traffic and narcotic addiction. The act provides as penalty for the unlawful sale of narcotics or marijuana between adults (first offense) a sentence of not less than five nor more than 20 years, with an optional fine up to $20,000 . No probation, suspension, or parole is allowed. For the adult who in any manner furnishes heroin to a minor, the act provides imprisonment from ten years to life and for an optional fine up to $20,000 or for the death penalty if the jury so directs.

DRUG ABUSE CONTROL AMENDMENTS OF 1965. The Drug Abuse Control Amendments to the Federal Food, Drug, and Cosmetic Act apply to depressant and stimulant drugs, other than the narcotics, and to other drugs which are determined to have a potential for abuse because of their depressant, stimulant, or hallucinogenic effect on man. Barbiturates, amphetamine, LSD, and comparable drugs are included under these provisions and other drugs may be added as the need arises. These amendments place strict controls over the illegal manufacture, distribution, possession, or prescription of these drugs and increase the enforcement powers of Food and Drug Administration inspectors in dealing

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
One attempt to deal with the dependence-producing drugs has been the enactment of more restrictive legislation and stricter enforcement of all related laws.	Individuals or committees can research the history of legislation relating to the use of dependence-producing drugs. Share these and discuss them. Initiate student panels on the effectiveness of legislative controls. Can laws be consistently enforced? What are some of the enforcement problems? Use resource person to discuss problems of enforcement with the students. Role-play some of the enforcement problems. A student would enjoy being an undercover agent. Encourage a committee to research the part that the World Health Organization of the United Nations plays in drug control. Share and discuss the report in the classroom. Discuss with the students the meaning of the two words "emotional and dependence". Initiate student panel discussions on "Things On Which We Are Dependent." Make a differentiation between helpful and harmful dependence. Committees or individuals could collect advertisements for preparations which claim to be beneficial aids to the users. Discuss these, collect them in a scrapbook, and make displays. Individual or committee research can be initiated which trace the history of man's dependence on non-food substances.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Consult Fact Sheets in this guide. See Nevada laws on narcotics, dangerous drugs, and substances in Appendix. See Bibliography for Federal and International laws regarding narcotics, dangerous drugs, and substances.

FACT SHEET: BEHAVIOR

Every educator is aware of the fact that each learner is the product of his biography. He brings to the classroom the residue of all the experiences to which he has been exposed in his lifetime. In dealing with the attitudes, opinions, and feelings surrounding the proper use of drugs, each teacher must be concerned with a few psychological implications which are extremely significant.

Behavior is affected by physiological processes. Fatigue, hunger, illness, moods, and worry all leave their mark. Individuals differ in the degree to which their behavior shows the effects of such items and in the degree to which they can voluntarily control them.

People are inclined to become angry or irritated when they are thwarted. Such irritation may be reduced either by decreasing the irritant or by increasing resistance to it.

Each individual seeks to maintain what he considers a satisfactory position for himself in his own estimation and in the eyes of others. His self concept is extremely significant. If he does not maintain his position through actual achievements, in self-defense he may attempt to maintain it through some means such as rationalization, projection of blame, aggression, or withdrawl.

An individual cannot be expected to change his behavior unless a situation is provided in which such change can occur. People are often most easily offended by those closest to them in affection and esteem. The more a personal relationship is idealized, the smaller is the pinprick necessary to deflate it. If you agree with a person in little things, you can more effectively disagree with him in more important matters. Criticism, censure, and blame have their place; but they should be used with discretion.

LEVELS 4-6

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
The ability to refuse the opportunity to experiment with the use or misuse of tobacco, alcohol, or dangerous drugs is a learned behavior.	Role-play situations in which effective techniques of saying "NO" to introduction to the use of dependence-producing substances are exhibited. Initiate student panel discussions in which techniques of saying "NO" are explored. Role-play the consequences of not being able to say "NO" or the consequences of saying "NO".	Food and Drug Administration, Runningawayness, #38, 1967. Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967)
Rather than using dependence-producing substances to solve the problems of life or to find excitement and thrills, a person should strive to achieve emotional maturity, including how to get along well with others.	Encourage students to write essays on the "Fine Art of Saying "NO". Discuss these. Discuss the difficult process of growing up. Preadolescence is not an easy period in life and students need all the assistance they can find. Through class discussion, list some of the steps relative to the experiences of your students which are necessary for emotional maturity. Initiate discussions which relate to practical examples of mature and immature behavior. Encourage the writing of essays on emotional maturity and related subjects. Encourage discussion of student-oriented goals which are within the realm of student achievement.	Drug Abuse: Escape To Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). See Rationale. See model in front of guide. Use your child psychology and human growth and development books. Films: A Happy Family, F1244. Act Your Age--Emotional Maturity, F1466.

DRUG ABUSE EDUCATION
LEVELS 7-9

FACT SHEET: DRUG ABUSE; GENERAL INFORMATION

Some individuals feel compelled to abuse drugs as a way of life--a way to shut out the real world or enter a world of unreality.

Others, especially young people, may see drug abuse as an adventure--a road to supposedly new experiences.

For all of us, drug abuse is an expensive practice. Millions of tax dollars are spent each year controlling abuse and treating persons dependent on drugs. Equally important, additional millions are lost by those who, often unknowingly, rob themselves of their ability to be productive, and jeopardize their physical and mental health.

The pressures of modern society contribute to the drug abuse problem. So do its material advantages. Among those youngsters and others who do not have to struggle for the essentials of life, some may turn to drugs for excitement. It seems they have learned how to use their minds, but not how to develop and enjoy their senses without artificial stimulation.

Most of us take drugs for medical reasons. People with headaches or colds take aspirin. Heart patients take digitalis. People with peptic ulcers take antacids.

Drugs are chemicals that act upon the body's own chemistry. Sometimes they substitute for chemicals the body may lack, such as insulin. Frequently they help fight infections or improve our ability to function by stepping up or slowing down the activity of our glands and organs. It is clear that drugs can promote and preserve good health when they are taken on the advice of a physician, or according to directions on the label.

On the other hand, drug abuse--taking drugs without professional advice or direction--can injure vital parts of the body: the liver, the kidneys, the heart, the brain. Abuse of certain drugs also can lead to drug dependence, either psychological, physical, or both.

Drug dependence, although seldom fatal, can cripple its victims in body and mind--in some cases, permanently.

What is drug dependence? Which drugs can cause dependence? What are proper uses for these drugs in medical treatment? Why do people abuse drugs? How do you say "NO" when pressured by a group? What effects do abusers experience and what are some of the results of their dependence? Can drug abuse be prevented?

This section is an attempt to answer questions such as these.

From: The Crutch That Cripples: Drug Dependence,
American Medical Association, Chicago, Illinois 60610
1968.

DRUG ABUSE EDUCATION
LEVELS 7-9

Behavioral Objectives:

Knowledge:

1. The learner will be able to list several effects that narcotics and dangerous drugs have on the body.

2. The learner will be able to clarify narcotics and dangerous drugs as to their effect on the body and to identification.

Behavior:

1. The learner will not experiment with narcotics and dangerous drugs and assume responsibility for his own well-being.

2. The learner will evidence a willingness to assist others in avoiding drug abuse.

3. The learner will abide by the laws which prohibit drug abuse.

Attitudes:

1. The learner will be able to describe how a harmful substance can upset the finely balanced organism of the human body and cause permanent damage.

2. The learner will be able to identify several means of belonging or meeting certain emotional needs that do not involve the abuse of drugs.

3. The learner will be able to list the advantages afforded him if drugs and dangerous substances are not abused.

4. The learner will be able to list ways by which media is sometimes u to encourage people to try various products, yet no risks involved are described.

FACT SHEET: PEER GROUP ACCEPTANCE

Modern psychologists agree that a basic need of humans is a feeling of belonging and being loved. The individual needs to be accepted by others, to express and receive love, to communicate, and to be in close contact with people, particularly his peers.

Human beings are naturally gregarious or fond of being with others. They crave friendly and continued social interaction. In short, human beings have a deep-seated need for belonging to someone. This need holds society together.

In order to be approved, most adolescents conform and yield to peer group standards. Even the juvenile delinquent who has deviated from the code of society may conform to the standards of his group. When an adolescent moves into another social group, he tries to conform to the ways of his new acquaintances.

Few adolescents are willing to risk rejection by defying peer group customs or taking an unpopular stand.

From: Ruth Wood Gavian, Robert Rieviou,
Our Changing Social Order (Boston:
D.C. Heath and Company, 1964), p. 112.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
A basic need of most adolescents is peer group acceptance.	Have students explain why they associate with the people they do. What is expected of people in their peer group? Have a psychologist or counselor speak to the group on setting individual goals and guidelines. Hold small group or large group discussions on the degree to which peer group acceptance depends upon membership in "cliques" or a particular group. Have students discuss the desirable and undesirable factors of a clique. To what degree do parents belong to cliques? Discuss how the concept of a clique relates to the total society. Have students role play a situation whereby one student tries to be accepted into a clique on campus.	Use school psychologist or counselor as resource person.

FACT SHEET: EXPERIMENTATION

It is in the nature of the adolescent to see new and exciting experiences, to question self, family, and society. The adolescent is constantly in contact with pro marijuana propaganda, and his interest is bound to be stimulated to experiment with the use of marijuana. The degree to which an adolescent experiments depends on many variables related to the cultural patterns and mores of his area, his own psychological development, and if marijuana is available, on its availability. Many youngsters are introduced into the use of marijuana under social circumstances. They may begin because they are curious or want to go along with the crowd. New recruits know what they are doing when they smoke marijuana, since it takes an effort to acquire the drugs effect. Many will never return to the use of the drug, but others, pressured by the wrong friends or because they psychologically respond to the effects of the drug, will continue to escape reality through smoking it.

Some occasional users experiment with all the drugs available. The strongest hallucinogens, amphetamines, and barbiturates are sometimes available to the youth. After sampling and experimenting,they usually decide on one particular drug for sustained abuse. When a use pattern develops, the user tends to stay with that drug to a point when he feels the need for stronger effects and more potent reactions. From marijuana, the next logical step is the sampling of LSD. Wherever marijuana can be procured, LSD is also available, but at a much higher price. However, it seems that many youths are turning away from LSD after new stories and headlines have reported serious and horrible reactions to the drug.

The "chippers" are the young people who play and experiment with drugs. They are not, for the most part, criminal types. Most won't escalate to hard narcotics. In the use of marijuana,these youths are exposed to a very dangerous drug, yet they don't think it is dangerous.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
One way peer group acceptance is realized is through experimentation.	Secure student ideas of types of experimentation to obtain peer acceptance (e.g., athletics, dating). Stress manners of dress, appearances, speech, and attitudes as it relates to peer group acceptance. Have students suggest reasons or factors involved in beginning to use drugs. Talk about the influence that family and religion have on practices. Have groups tell where they are most likely to first come in contact with drugs. Emphasize that they will probably come from a friend. Role-play the situation of a students first introduction to try drugs by a friend. Discuss how some people may be led to experiment with drugs.	Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Edward R. Bloomquist, "Marijuana--Social Benefit or Social Detriment," California Medicine, 106:346-353, May, 1967. David Solomon, The Marijuana Papers (New York: Bobbs-Merrill, 1966) 66-25282.

FACT SHEET: CAUSES OF MARIJUANA USE

Exposure of susceptible teen-agers to drugs may be the beginning of drug dependence. Most teen-agers begin using drugs on the invitation of friends at a party, a dance, or an informal gathering. Some youngsters begin by taking hallucinogens, inhaling volatile chemicals, or taking sedatives or stimulants. It is the nature of the adolescent to seek new and exciting experiences; to question self, family, and society; try new behavior; and to act like a child and adult. Marijuana is dangerous because it has become an "in group" behavioral pattern.

Dr. Bloomquist has enumerated some of the specific causes which he believes guide the young marijuana user to the drug.

1. Favorable publicity toward the use of the drug by the opinion influencing media.
2. Friends who use the drug, usually in the "in group," proselytize and often lead in their group.
3. Teachers and professors who promote the use of marijuana in class instruction.
4. Normal curiosity after interest from the above sources.
5. Boredom in an affluent and blasé society.
6. Well-meaning but not well-informed authorities who antagonize youth by their panic. Continual preaching of facts and myths about the drug that the user knows is false. This ruins all rapport between certain teen-agers and the authorities.
7. The natural desire in the young to seek "kicks" and new experiences.
8. An augmentation of the ever present tendency in the young to revolt against the established authority.
9. Inaccurate, subjective impressions.
10. The adolescent is constantly in contact with pro marijuana propaganda.

From: Edward R. Bloomquist, "Marijuana--
Social Benefit or Detriment," California
Medicine, 106:346-353, May, 1967.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Some junior high students are experimenting with marijuana to gain peer group acceptance.	Administer a pretest covering information on marijuana. Have students list reasons for experimenting with marijuana and evaluate each. Have students list the dangers involved in experimenting with marijuana and weigh this against results of pretest. Have students prepare a list of techniques on how to say "no" when offered marijuana. Mimeograph and distribute copies to students. Conduct a debate on whether it is easier to say "yes or no." Hold a small group discussion on how to say "no" and role-play.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). "Students and Drug Abuse," Today's Education, NEA Journal, March, 1969. Edward R. Bloomquist, "Marijuana--Social Benefit or Social Detriment," California Medicine, 106:346-353, May, 1967.

FACT SHEET: MARIJUANA

The term marijuana applies in general to the Indian hemp plant, or more specifically to the resinous substance present in the flowering tops of the unpollinated female cannabis sativa. The plant grows from four to eight feet or higher, with an odd number of long slender leaves fanning outward from the central point like fingers on an outstretched hand.

American grown marijuana is not as potent as that grown in Mexico, but by far the most potent cannabinol drug, hashish, is derived from the Asian Indian species of the hemp plant (cannabis indica).

The female cannabis plant develops a resinous material which incorporates the active pharmacological principles. The principal active ingredients of cannabis resin are cannabinols, especially tetrahydrocannabinols. Many cannabinols have been isolated, but it is not yet known what their exact state of proportion is in the resin which brings about the typical effects of the drug as a whole in man.

The term cannavis is used in international language according to these definitions.

"Cannabis plant" means any plant of the genus cannabis.

"Cannabis resin" means the separated resin, whether crude or purified, obtained from the cannabis plant.

"Cannabis" means the flowering or fruiting tops of the cannabis plant.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Marijuana is derived from a plant which is grown in many parts of the world.	Form small research committees and give each committee responsibility for reporting on topics such as the following: (A) How is marijuana grown and marketed? (B) For what purpose is marijuana used and in what country or countries is it used the most? (C) To what extent is marijuana used in the United States as determined by the number of arrests in connection with it? Display two pictures 1. Plant from which it is derived. 2. Typical marijuana cigarette. Set up a question box and encourage the pupils to put into this box any questions they would like to have answered regarding the abuse of marijuana or other drugs. Have selected students report on the amount and source of drugs smuggled into the United States. Have students investigate various views regarding the use of marijuana, (e.g., medical, religious, and legal) and report to the class.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). "Students and Drug Abuse," Today's Education, NEA Journal, March, 1969. Edward R. Bloomquist, "Marijuana --Social Benefit or Social Detriment," California Medicine, 106:346-353, May, 1967.

FACT SHEET: MARIJUANA CIGARETTES

The term "marijuana" used primarily in the Americas and in Great Britain, refers almost exclusively to the preparations of the leaves and flowering tops of the cannabis plant. It appears on the illicit market in this country as bulk compound or as cigarettes which are made by rolling the weed in double wheat straw paper and tucking in the ends to prevent loss of the prickly, loosely packed weed.

The "joints" (reefers, sticks, hay, grass, pot, weed, or tea), as these cigarettes are called, burn hotter than do cigarettes made of tobacco and the burning tip is brighter. The tip is easily extinguished unless a continuing effort is made to keep it alive. The distinctive odor from the lighted cigarette is similar to burning dried alfalfa or hay.

Smoking marijuana requires a special technique. Usually several smokers will meet in a room (teapad) or in a car. They may, if avid enough, hole themselves up in a closet or a very small room so they can rebreathe as much smoke as possible.

The user takes a joint, drags on it, holds the smoke deep in his lungs, exhales slowly and passes the joint along to the next user. As smoke fills the room, each user begins to feel high or light headed. With increasing rapidity, the cigarettes are passed around the circle of smokers.

The inhaled smoke has increased effect when the cigarette is reduced to a short "butt" because the active ingredients concentrate there during smoking.

There is a specific point at which the user can assume he is high. At this point he seems to be freed from the restrictions of time and space. He can "free associate" with unbelievable ability. What occurs from this point depends upon the mood of the crowd and the compliance of the individual users.

Marijuana cigarettes sell for as little as 25¢ and as much as $1.00 each. The measure used for the sale is the "lid." One "lid" normally sells for about $10.00 and provides 20 cigarettes.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
In the United States marijuana is ordinarily used in cigarette form.	Invite police officer as resource person to explain and demonstrate the odor of marijuana by burning it. Do not do this on your own. Discuss with students the availibility of marijuana in Clark County. Discuss slang names for marijuana and marijuana cigarettes. Discuss the ways marijuana is processed and used.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers, (Sacramento: California State Department of Education, 1967). Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). "Students and Drug Abuse", Today's Education, NEA Journal, March, 1969. Edward R. Bloomquist, "Marijuana--Social Benefit or Social Detriment", California Medicine, 106:346-353, May, 1967. David Solomon, The Marijuana Papers, (New York: Signet Book Publication, 1966).

FACT SHEET: MARIJUANA; HISTORICAL INFORMATION

As early as 1200 B.C., the hemp plant, cannabis sativa, was described as a source of long textile fibers. Its "narcotics" properties were documented in Chinese writings by 200 A.D.

The migratory course of marijuana to the new world is an interesting historical development. Apparently originating in Asia and the eastern Mediterranean Basin, the drug spread via Africa and South America to Mexico. Only within the past 60 years has marijuana been used in the United States. Neither cannabis or its active properties are currently considered to have valid clinical application. This is despite the fact that in many countries the drug has been considered, at one time or another, as a cure for almost all illnesses.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Marijuana has been recognized for its narcotic properties since 200 A. D.	Have several students trace the use of marijuana by various countries of the world. Discuss the various ways marijuana is taken into the body. Develop and discuss a vocabulary list on marijuana. Have students discuss and identify the narcotics properties of marijuana. Role-play the various eras of marijuana through history.	"Students and Drug Abuse", _Today's Education_, NEA Journal, March, 1969. _Drug Abuse: Escape to Nowhere. A Guide for Educators_ (Philadelphia: Smith, Kline, and French Laboratories, 1967). Angela Kitzinger and Patricia J. Hill, _Drug Abuse: A Source Book and Guide for Teachers_ (Sacramento: California State Department of Education, 1967). Edward R. Bloomquist, "Marijuana--Social Benefit or Social Detriment", _California Medicine_, 106:346-354, May, 1967. Bureau of Drug Abuse Control, Washington D.C., Dept. of Health, Education, and Welfare, publication #8, May, 1967. Commonwealth of Massachusetts vs. Ivan Weiss and Joseph Lees - Suffolk County, Massachusetts. Supreme Court Indictment # 28865.

FACT SHEET: MARIJUANA; TYPE OF DEPENDENCE

The World Health Organization characterizes drug dependence of the marijuana type as:

1. A desire or need for repeated administration of the drug because of its subjective effects, including the feeling of enhanced capabilities.
2. Little or no tendency to increase the dose, since there is little or no development of tolerance.
3. A psychic dependence on the effects of the drug.
4. Absence of physical dependence.

Marijuana dependence as analyzed by the World Health Organization does not include either tolerance or physical dependence. Marijuana dependence, however, does rest upon the two psychological elements of dependence, desire, and psychic dependence. These two are the most compelling and the least reversible aspects of drug dependence.

The cannabinols attack the spiritual and mental aspect of the user. They remove inhibitions, cause hallucinations, and in many cases lead to anti-social behavior and crime.

Cannabinol drugs are hallucinogenic agents which apparently work on the central nervous system with erratic stimulant and depressant properties. It appears that the psychological frame of mind is quite important to the effect of marijuana.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
There is much confusion between authorities on the psychological, pertaining to the mind, and physiological, pertaining to the physical body, dependence of marijuana.	Have students discuss the difference between psychological and physiological dependency. Have students explain why marijuana is said to be a habit forming drug. Emphasize the fact that while marijuana is not addicting in the sense that tolerance and dependence accompany its use, its danger lies in the fact that it: 1. Releases inhibitions 2. Increases suggestibility 3. Impairs judgement 4. Is a stepping stone to the more serious narcotics. Have students debate on whether marijuana is a dependency producing drug. Have students research and report in current research being done on marijuana.	David Solomon, The Marijuana Papers (New York: Signet Book Publication, 1966). Commonwealth of Massachusetts vs. Ivan Weiss and Joseph Lees - Suffolk County, Massachusetts Supreme Court Indictment #28865. Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Drug Abuse: Escape to Nowhere, A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). "Students and Drug Abuse", Today's Education, NEA Journal, March, 1969.

FACT SHEET: THE MARIJUANA USER

By far the most significant effects from the use of marijuana are the psychological and sociological effects. A clear understanding of the psychological effects of the use of marijuana involves, in part, a consideration of the motives of an individual in using the drug. There can be no question but that the marijuana user seeks to obtain a mental state described as euphoria; a state of intoxication. This can be compared with the motive of a normal individual who may take small amounts of alcohol prior to meals in the evening where no such intoxicating motive exists.

The user is frequently a weekender. He indulges in his drug much as some of his friends with a different bent might enjoy a weekend beerblast. He smokes it for social as well as psychological reasons. As a matter of ego satisfaction, he tends to exaggerate the effects he derives. This is where the marijuana "cult" has its beginning.

The chronic user tends to be either conservative or liberal. His drug experimentation tends to be a part of an overall pattern of rebellion against current social values which he tends to reject. Academically he may be an honor student or a drop out. He seems convinced there is no significant danger associated with the use of marijuana. The majority of student users seem to sense that progression to stronger psychedelic drugs may be associated with serious consequences. But in equating marijuana with other social indulgences, the general negative feeling was that its use could be penalized by a jail sentence.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
The results of the use of marijuana are basically psychological and sociological.	Have a discussion on why students want to get "high." Have students report on how marijuana is smoked. Emphasize the point that it is usually smoked in a group and the related social decay involved. Discuss reasons why society feels drug misuse cannot be tolerated. Discuss ways to achieve emotional maturity and how to solve problems in a reasoned, scientific manner rather than seek escape via marijuana. Compare the immediate effects of marijuana with the effect after a few hours. Compare also the effect of taking marijuana alone.	David Solomon, The Marijuana Papers (New York: Signet Book Publication, 1966). Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Bureau of Drug Abuse Control- Washington D.C., Dept. of Health, Education, and Welfare, publication #8, May, 1967. "Students and Drug Abuse," Today's Education, NEA Journal, March, 1969. Commonwealth of Massachusetts vs. Ivan Weiss and Joseph Lees - Suffolk County, Massachusetts Supreme Court Indictment #28865.

FACT SHEET: LEGAL IMPLICATIONS OF MARIJUANA

Marijuana is tied to criminal behavior for several reasons.

1. The smoking, possession, and sale of the drug is a felony. Those involved in the use or sale of the drug are beginning a criminal behavior pattern.

2. Because marijuana removes an individual's inhibitions, a person using the drug with latent criminal desires or propensities held in check by social or moral inhibitions, might well carry out the latent desire for criminal expression.

3. In toxic dosage, criminal psychotic behavior and antisocial acts are often part of the effect pattern.

4. Because marijuana tends to make "social bums" out of the habitual user, laws and norms of society mean little or nothing to him.

Under Federal law, marijuana is not considered a narcotic drug. On the other hand, many states have covered it by including it within the definition of a narcotic drug. Marijuana is equated in many state laws with narcotic drugs. This is because of the abuse characteristics of the two types of drugs, the method of illicit trafficking, and the traffickers have a great deal in common.

Marijuana is the responsibility of the Federal Bureau of Narcotics under the Marijuana Tax Act of 1937. The act requires all persons with legitimate need to handle marijuana to register and pay an occupational tax. It requires that all marijuana transactions be recorded on official forms provided for that purpose. It makes the transfer to a registered person subject to a tax of $1.00 an ounce and makes transfers to an unregistered person subject to a prohibitive tax of $100.00 an ounce.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
The use of marijuana has many legal implications.	Have students report on the Marijuana Tax Act of 1937. Emphasize $100.00 an ounce fine, no conviction necessary.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967).
	Emphasize the fact that possession of marijuana is illegal regardless of use or intended use.	
	Have class discussion on what rights a citizen loses with a felony conviction.	Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967).
	Have students write a short story of what could happen to them if they were innocently with someone who was in possession of marijuana. Include marijuana tax and felony conviction and social implications in discussion.	David Solomon, The Marijuana Papers (New York: Signet Book Publication, 1966).
	Have law enforcement officers visit class to show students samples of marijuana and explain to them what could happen if they were caught with marijuana in their possession.	"Students and Drug Abuse", Today's Education, NEA Journal, March, 1969.
	Have students write up a story of what a judge might say to a juvenile before sentencing him on possession of marijuana charge.	Commonwealth of Massachusetts vs. Ivan Weiss and Joseph Lees - Suffolk County, Massachusetts Supreme Court Indictment # 28865.
	Role-play the situation of being caught with marijuana in your possession.	

FACT SHEET: PEER GROUP PRESSURE AND DRUGS

Adolescence is a lovely time for many youngsters. The teen-ager who is unable to find his place in some orthodox group sometime turns to drug use as a means of finding a kind of group acceptance.

In most instances, the person who practices drug abuse has chosen to do so. Quite often, these vital decisions are made in terms of emotional and social pressures rather than in the light of knowledge and wisdom. For the young person, the decision to abuse a drug may be prompted by his need to belong to a small group of his peers which may accept some form of drug abuse as normal. The pressure to conform may be too great for the individual to withstand. Youngsters who find satisfaction in other activities are less likely to find the use of drugs appealing.

Many junior high students start using drugs because they don't know what they are getting into. They are unaware of the extreme danger and try taking drugs out of curiosity to see what it is like or "because everyone else is doing it." They will go along with the crowd, for "kicks".

These students value excitement and feel that they can enjoy life more if they are "high." Adventures to them reside in pills and capsules and the internal sensations they produce.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Some junior high students are experimenting with amphetamines and barbiturates to gain peer group acceptance.	Have students discuss why psychologists consider the use of dangerous drugs and substances as an escape mechanism. Allow and encourage students to honestly express themselves. Suggested techniques: 1. Let a student lead the discussions. 2. Arrange discussion groups in a circular configuration with the teacher sitting in as a member of the group. 3. Endeavor to keep the groups small. Administer a pre test covering information on amphetamines and barbiturates. Have students list reasons for experimenting with amphetamines and barbiturates and evaluate each. Have students list dangers involved in experimenting with these drugs and weigh this against pretest results. Have students prepare list of ways to say "no" when offered amphetamines and barbiturates. Mimeograph and distribute copies to students. Conduct a debate on whether it is easier to say yes or no. Have selected students report on the amount and source of drugs smuggled into the United States.	Angela Kitzinger and Patricia J. Hill, Drug Abuse; A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Jules Saltman, What We Can Do About Drug Abuse (New York: Public Affairs Committee), Pamphlet #390. Drug Abuse: Escape To Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). "Students and Drug Abuse," Today's Education, NEA Journal, March, 1969. Food and Drug Administration Fact Sheets, U.S. Department of Health, Education, and Welfare, Washington, D.C.

FACT SHEET: POSITIVE USE AND NEGATIVE ABUSE OF DRUGS

Drugs are extremely valuable in modern medicine. Doctors would have a difficult time treating their patients without them. But, drugs are harmful when misused. This is particularly true of the narcotics and other dependence-producing drugs.

A depressant is a drug which in modest quantities relieves pain and anxiety, causes mental and physical relaxation, and usually produces sleep. It has a narcotic or numbing effect on consciousness. In larger doses it produces stupor, coma, and sometimes death. Depressant drugs, when properly used, are of real value to the physician in treating his patients. When these drugs are misused, they may cause dependence.

The abuse of dangerous drugs is definitely harmful to the body. Dangerous drugs do not cause deterioration of body organs, but they do upset the performance of the brain, nerves, gastrointestinal system, and muscles. Drugs often will decrease th users appetite so that he neglects his food intake. The abuser's health, in general, suffers because he spends his money on drugs and neglects going to a doctor or dentist except possibly to try to get drugs. Because he doesn't take care of his health, his resistance to disease is invariably low.

LEVEL 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Properly used, many drugs are of great value to mankind. Improperly used, they can damage the individual and interfere with his success in life.	Assign students to research and report on the proper medical uses of barbiturates and amphetamines. Have students develop a chart of dangerous drugs. Have students debate the positive versus adverse use of drugs. Role play how taking a drug could make one dependent on it. Have a doctor speak on the proper and improper use of drugs.	Victor H. Vogel and Virginia E., Facts About Narcotics and Other Dangerous Drugs (Chicago: Science Research Associates, 1967). Food and Drug Administration Fact Sheets, U.S. Department of Health, Education, and Welfare, Washington, D.C. Drug Abuse: Escape To Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Films: Narcotics: The Inside Story, F1490. Drugs and the Nervous System, F1475. See Films, pages 85-89, Drug Abuse: Escape to Nowhere. A Guide for Educators. Use a doctor as a resource person.

FACT SHEET: BARBITURATES AND AMPHETAMINES

Barbiturates are derived from barbituric acid. They are the basic ingredients of many of the sedatives and sleeping pills or capsules normally sold on prescription. Non-prescription sleeping pills are quite different and are not involved in this classification.

Barbiturates are identified under the names phenobarbital (luminal), pentobarbital (nembutal), veronal, seconal, and others. They have become a major drug menace. Amphetamines are stimulants to the central nervous system. They offer the taker pep, alertness, optimism, and euphoria--an easy kind of chemical happiness. The first to come into prominence was benzedrine "bennies" originally sold as an inhalant to relieve sinus and other nasal troubles. Since then, many more varieties have come to be known and widely used. Among the most common of these are dextioamphetamine "dexidrine" and methamphetamine "methedrine". Amphetamines are best known for their ability to combat fatigue and sleepiness. They are also sometimes used to curb the appetite in medically supervised weight-reduction programs. Stimulants are involved in twenty percent of all prescriptions given for mood-affectory drugs.

There were no Federal controls over barbituates until 1951 when the Durham-Humphrey Law was enacted, prohibiting the sale of barbituate drugs without a physician's prescription. This covered the nation with a restriction then already imposed by many states.

In July of 1965, the Harris- Dodd Act was passed. The new law requires:

A. All handlers of dangerous drugs must keep records as a means of preventing their diversion from legitimate channels.

B. Limit to five the numbers of times a prescription may be refilled and to six months the length of its effective life.

C. Give agents of the Food and Drug Administration police powers they never had before--the right to carry arms, to execute search warrants, and to make arrests.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Amphetamines and barbiturates are synthetic chemicals that are marketed legally only on prescription.	Have selected students report on the amount and sources of drugs smuggled into the United States. Discuss the availability of these in Clark County. Display various labeled pictures of barbiturates and stimulants. Discuss reasons why society feels drug abuse cannot be tolerated. Use Drug Abuse: A Source Book and Guide for Teachers, page 87. Emphasize that drugs must be kept in the prescription bottle. Having a few pills legally prescribed not in the prescription bottle is illegal. Have a pharmacist visit the class and explain the various laws regulating the distribution of prescription drugs. Role-play showing why prescriptions are required. Evaluate and discuss the various drug advertisements on television and elsewhere. Discuss how our society is drug oriented. Discuss the various slang names for amphetamines and barbiturates.	Jules Saltman, What We Can Do About Drug Abuse (New York: Public Affairs Committee) Pamphlet #390. Pharmaceutical Manufacturers Association. Medicinal Narcotics - Facts on Benefits and Controls. Washington D.C. 20005. Victor H. Vogel and Virginia E., Facts About Narcotics and Other Dangerous Drugs (Chicago Science Research Associates, 1967). Food and Drug Administration Fact Sheets, U.S. Department of Health, Education and Welfare, Washington, D.C. Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Film: The Seekers, F1546.

FACT SHEET: DRUG ABUSE; SOCIAL DANGERS

Dr. Linsay R. Curtis, suggests possible dangers of drug abuse as:

1. The user may have to commit crimes in order to meet his ever-increasing need for the drug.
2. Because of his emotional change, he may become involved in traffic accidents, arguments, and fights.
3. He may induce others to start using the drug.
4. He may seek hard narcotics when dangerous drugs are not available or to seek a new "kick".
5. He may lose his job because of undependability.
6. He may lose his family and friends because of his strange and irritable behavior.
7. He may attempt suicide upon withdrawal from the drug.

As a person becomes dependent upon a drug, his ability to control his use of that drug decreases. The depressant action and the resultant effect of barbiturates is sometimes sought as a means to achieve some desired mental state.

A person who abuses one drug may be likely to abuse other stronger drugs. Also, users of one illicit drug may be exposed to a variety of them through contacts with drug sellers and other users.

Abusers also run the risk of legal penalities and may end up with a felony conviction.

From: Lindsay R. Curtis, Let's Talk About Goofballs
and Pep Pills (Dallas: Tane Press).

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
There are many social dangers associated with abuse of dangerous drugs.	Emphasize positive human endeavors. 1. Good habits 2. Responsibility to self, others, and society 3. Raising a family 4. Earning a living Discuss basic human needs. Have students discuss why knowledgable individuals, who are informed, turn to the use of drugs and other harmful substances. Have students write an essay on why people use dangerous drugs and substances in spite of risks involved. Discuss the importance of acquiring positive values and behavior patterns in early life. Discuss with the class the steps whereby an individual may progress from seemingly harmless experimentation with a drug to the serious drug dependence on a narcotic such as heroin. Have students discuss how they would respond to these as arguments: 1. It's my life and I can do with it what I please. 2. My responsibility is to myself and to no one else. 3. If you experiment with drugs, that's your problem, not mine.	Lindsay R. Curtis, Let's Talk About Goofballs and Pep Pills (Dallas: Tane Press). Drug Abuse: Escape To Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Jules Saltman, What We Can Do About Drug Abuse (New York: Public Affairs Committee).

FACT SHEET: SOME STUDENT OBJECTIVES

In employing the proposed educational approach for instruction on drug abuse, the schools must provide for every pupil:

1. To develop respect for his body so that he will not allow it to be injured by smoking, sniffing, ingesting, or injecting any substance that have potentials for damage.
2. To acquire understanding of his brain and the infinite possibility inherent in its development.
3. To develop interest and skill in several wholesome forms of recreation so that he need not lack for synthetic self-satisfaction.
4. To learn that zest, adventure, and meaningful experience lie within his grasp in science, books, hobbies, arts and crafts, physical activities, and the outdoors.
5. To learn to take command of his own life, to assume responsibility for his own acts, and to meet his own problems squarely and courageously.
6. To develop sound convictions and worthwhile values as a basis upon which he can stand firm against those people who would sway him against his better judgement.
7. To know his own worth as a human being so that he will not willingly participate in his own destruction.

From: Angela Kitzinger and Patricia
J. Hill, Drug Abuse: A Source
Book and Guide For Teachers
(Sacramento: California State
Department of Education, 1967).

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
The ability to refuse the opportunity to experiment with or misuse dangerous drugs.	Set up a question box and encourage the pupils to put into this box any questions they would like to have answered regarding the use of dangerous drugs. Have students list as many ways to say "NO" as they can. Ditto and give each student a copy of this. Have students discuss ways to achieve emotional maturity and how to solve problems in a reasoned scientific manner rather than seek escape via the use of dangerous drugs. Have students list reasons for experimenting with dangerous drugs and evaluate each. Have students list dangers involved in experimenting with dangerous drugs and weigh this against reasons for experimenting. Role-play saying "NO" when offered a marijuana cigarette. Have a student role-play a parent talking to his child after learning he had been using dangerous drugs. Have law officer explain to a group what could happen if they were caught with dangerous drugs in their possession.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide For Teachers (Sacramento: California State Department of Education, 1967). Drug Abuse: Escape To Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Jules Saltman, What We Can Do About Drug Abuse (New York: Public Affairs Committee) "Students and Drug Abuse", Today's Education, NEA Journal, March, 1969. Film: Hooked, F1221. Film: Narcotics-Why Not? F1221. Use law enforcement official as resource person.

ACT SHEET: PRODUCTION OF DANGEROUS DRUGS

is estimated that about 9 billion or more amphetamine "pep pills" tablets are produced each year. The Food and rug Administration estimates that over half of these are distributed through non-medical or illegal channels.

he mark-up between the wholesale and retail price of amphetamines in the illegal market often reaches 1000% or 00 times the original purchase price.

illions of doses of barbiturates are produced each year by close to a thousand companies. It is believed that as much s half of these find their way through illegal channels into the hands of abusers. Nor is there much doubt that a portion f the legally circulated half is being abused as well. Many thousands are sent by legitimate firms out of the country, but o be smuggled back into the United States and onto the illegal market.

From: Lindsay R. Curtis, Let's Talk About Goofballs and Pep Pills (Dallas: Tane Press).

Jules Saltman, What We Can Do About Drug Abuse, (New York: Public Affairs Committee).

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
The production of dangerous drugs has reached astronomical proportions in the United States. Billions of barbiturate and amphetamine capsules and tablets are manufactured every year.	Discuss the ways dangerous drugs are used locally. Discuss where the local sources come from. Develop vocabulary and spelling lists on dangerous drugs. Have students debate the positive value of drugs vs. the abuse of drugs. Discuss how our nation is becoming a drug-oriented society. Introduce and discuss slang terms coined for amphetamines and barbiturates.	Lindsay R. Curtis, Let's Talk About Goofballs and Pep Pills (Dallas: Tane Press). Jules Saltman, What We Can Do About Drug Abuse (New York: Public Affairs Committee). Food and Drug Administration Fact Sheets, Department of Health, Education, and Welfare, Washington, D.C. Victor H. Vogel and Virginia E., Facts About Narcotics and Other Dangerous Drugs (Chicago Science Research Associates, 1967). Films: Romance of Pharmacy, F0754. Health Heroes-The Battle Against Disease, F5341. How Our Bodies Fight Disease, F5074.

CT SHEET: LEGISLATION REGULATING STIMULANTS AND DEPRESSANT DRUGS

Bureau of Narcotics and Dangerous Drugs in the Department of Justice regulates stimulant and depressant drugs.

re were no Federal controls over barbiturates until 1951 when the Durham-Humphrey Law was enacted prohibiting the of barbiturate drugs without a physician's prescription. This covered the nation with a restriction then already imed by many states.

1965 the Harris-Dodd Act was passed. This act applied to depressant and stimulant drugs and to other drugs which have a potential for abuse because of their depressant, stimulant, or hallucinogenic effect.

s law also expanded the responsibility of the Food and Drug Administration to include both local and interstate fic in dangerous drugs. Their enforcement authority was also increased by giving them the right to seize dangerous gs which are being illegally manufactured or distributed. They can also arrest persons engaged in these activities seize their equipment.

se benefitting financially from the illicit use of dangerous drugs are dealt with under the criminal section of this .

yone who produces or sells dangerous drugs illegally may receive a maximum penalty of one year in prison or a $1,000 e or both. A second offense increases the maximum prison term to three years or a fine of $10,000. Because of the ious consequences of drug abuse among young people, special penalties are provided for those over 18 years of age who or give any drugs to persons under the age of 21. The first offense carries a maximum of two years in prison or a fine not more than $5,000 or both. The second offense calls for a maximum of six years in prison or a fine of not more than ,000 or both.

s act also calls for all people who handle dangerous drugs to keep accurate records and inventories. No prescriptions er than six months can be filled nor can refills be made more than five times.

From: Angela Kitzinger and Patricia J. Hill,
Drug Abuse: A Source Book and Guide
for Teachers (Sacramento: California State
Department of Education, 1967).

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
One attempt to deal with dependence producing drugs has been the enactment of more restrictive legislation and stricter enforcement of all related laws.	Have a police officer in to explain the penalties and laws governing narcotics and dangerous drugs. Also discuss problems involved in making an arrest that will hold up in court. Discuss the Clark County School District's policy regarding narcotics and dangerous drugs in schools. Have a pharmacist explain the recent changes in laws governing prescriptions and regulation of drugs. Have students suggest new ways to better regulate the control of drugs and suggest penalties for various violators. Have students or committees write letters to United States Border Patrol requesting information on narcotics and dangerous drug control.	Use police officer as a resource person. Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Medicinal Narcotics--Facts on Benefits and Controls (Washinton: Pharmaceutical Manufacturers Association). Jules Saltman, What We Can Do About Drug Abuse (New York: Public Affairs Committee). Victor H. Vogel and Virginia E. Vogel, Facts About Narcotics and Other Dangerous Drugs (Chicago: Science Research Associates, 1967). Use pharmacist as resource person. See Clark County School District's regulation regarding narcotics and dangerous drugs.

FACT SHEET: BARBITURATES; DANGERS OF ABUSE

Some authorities consider barbiturates to be far more dangerous than narcotics when abused. A person may develop a physical and emotional need for barbiturates requiring an increased dosage. A barbiturate abuser may develop the symptoms of toxicity poisoning at any time.

Overdose, either accidental or suicidal, is always a hazard while under the influence of this drug. A smaller dose of barbiturates may cause one to forget he has taken his pills. He then takes more and may take an overdose great enough to produce a coma with exposure, pneumonia, and death. Over 3,000 persons in the United States died last year from barbiturate overdose.

The combination of barbiturates and alcohol is a common one, especially at bedtime. Such a combination is dangerous and deadly. It is uncontrollable and unpredictable. Too often it accounts for overdose and death. If alcohol has been consumed along with barbiturates, the user may mistakenly be treated as any ordinary drunk. He may even be jailed and while "sobering up" he may die from his barbiturate withdrawal.

Withdrawal of barbiturates in an abuser may be more dangerous than with narcotics. If a physical dependence has developed and the abuser suddenly withdraws from using the barbiturate, the following symptoms may result:

1. Fall in blood pressure
2. Convulsions
3. Delirium; hallucinations
4. Mental confusion
5. Possible coma and death

From: Lindsay R. Curtis, Let's Talk About Goofballs and Pep Pills (Dallas: Tane Press).

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Dangerous drugs, particularly barbiturates, are thought by many to be more dangerous than the narcotic drugs.	Have students compare barbiturate withdrawal with heroin withdrawal. Have students report on difference between narcotic and non-narcotic drugs. Emphasize medical and legal definitions. Discuss the legal penalities of narcotics vs. dangerous drugs. Have pharmacist explain difference between dangerous narcotics vs. dangerous drugs and how both are distributed. When student interest dictates, be prepared to discuss or debate the use of dangerous drugs vs. the use of narcotic drugs.	Food and Drug Administration Fact Sheets, Department of Health, Education, and Welfare, Washington, D.C. Lindsay R. Curtis, _Let's Talk About Goofballs and Pep Pills_ (Dallas: Tane Press). _Drug Abuse: Escape To Nowhere. A Guide for Educators_ (Philadelphia: Smith, Kline, and French Laboratories, 1967). "Students and Drug Abuse," Today's Education, NEA Journal, March, 1969. Film: _Drugs and the Nervous System_, F1475. Angela Kitzinger and Patricia J. Hill, _Drug Abuse: A Source Book and Guide for Teachers_ (Sacramento: California State Department of Education, 1967).

FACT SHEET: BARBITURATES; MEDICAL USE

Barbiturates depress the central nervous system and are prescribed in small doses to induce sleep. They are also valuable in cases of acute anxiety, hyperthyroidism, and high blood pressure. Because of their sedative, but non-analgesic effects, barbiturates are used in treating both physical and mental illness.

Medically supervised doses of barbiturates mildly depress the action of the nerves, skeletal muscles, and the heart muscle. They slow down the heart rate and breathing and lower the blood pressure. The irresponsible use of bartiburates may cause true drug dependence.

Continued and excessive dosages result in slurring speech, staggering loss of balance and falling, quick temper, and a quarrelsome disposition. Overdoses, particularly when taken in conjunction with alcohol, result in unconsciousness and death, unless given proper medical treatment.

Usually, the appearance of drunkenness without an alcoholic breath indicates barbiturate intoxication.

Although physical dependence does not develop with the dosages normally used in medical practice, it does occur with the excessive doses used by drug abusers. Tolerance is also an important characteristic.

Barbiturates are thus totally dependency-producing drugs because they produce:

1. Strong desire or a need to continue taking the drug.
2. Tendency to increase doses.
3. Psychic dependence on the effects of the drug.
4. Physical dependence on the effects of the drug.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Barbiturates are central nervous system depressants.	Have several students trace the development of barbiturate type drugs. Have debate on whether barbiturates meet the medical definition of a narcotic or not. Debate whether barbiturates should legally be classified as a narcotic or not. Use pictures or charts of brain, nervous system, and explain how barbiturates affect these areas. Have students explain the dangers of driving under the influence of barbiturates. Discuss: 1. The irresponsible use of barbiturates may cause true drug dependence. 2. The depressant action and the resultant effect of barbiturate is sometimes sought as a means to achieve some desired mental state.	Food and Drug Administration Fact Sheets, U.S. Department of Health, Education, and Welfare, Washington, D.C. "Students and Drug Abuse," Today's Education, NEA Journal, March, 1969. Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967) Victor H. Vogel and Virginia E. Vogel, Facts About Narcotics and Other Dangerous Drugs (Chicago: Science Research Associates, 1967). Jules Saltman, What We Can Do About Drug Abuse (New York: Public Affairs Committe Lindsay R. Curtis, Let's Talk About Goofballs and Pep Pills (Dallas: Tane Press).

FACT SHEET: AMPHETAMINES

Amphetamines directly stimulate the central nervous system producing excitation, alertness, increased initiative, and activity, and an ability to go without sleep for protracted periods of time.

Amphetamine is most commonly available as amphetamine sulfate, a whitish powder available in various forms as tablets, ampules, capsules, and in solution. Amphetamine and its chemical variants are marketed under various trade names such as Benzedrine, Dexedrine, and Triamine.

Amphetamines are prescribed for overweight patients to reduce their appetite; in cases of narcolepsy, a disorder characterized by an overwhelming desire for sleep; for Parkinson's Disease, and in some case of minor mental depression.

The Food and Drug Administration reports that about half of the amphetamine produced enter illegal channels, for non-prescribed use. Black-market laboratories also produce stimulants which are easily obtained from illegal sources.

All kinds of people abuse drugs - from the middle-aged businessman or housewife to students, athletes, and truck drivers. Present government surveys show that young people are becoming the greatest abusers of drugs. Drivers take them to stay awake on long trips, students take them while cramming for exams, and athletes take them although sporting associations have banned their use. Some try them for a temporary "kick." Some abusers reach a point where they need both stimulant and sedative drugs to get a chemical "up" and a chemical "down."

From: Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967).

"Students and Drug Abuse," Today's Education, NEA Journal, March, 1969.

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Amphetamine is a central nervous system stimulant best known for its ability to combat fatigue and sleepiness.	Discuss or role-play why drivers, students, athletes, and adolescents abuse amphetamines. Discuss how amphetamines affect the body. (Physical and psychological changes) Invite local physicians to speak on the psychological and physiological effects of amphetamines. Discuss or debate the psychological and physiological effects of amphetamines. Have a physician or pharmacist explain what amphetamines are usually prescribed for. Discuss why and how amphetamines are abused. Discuss the control of amphetamines by prescription and other legal channels. Discuss and list social dangers of amphetamine abuse.	Angela Kitzinger and Patricia J. Hill, *Drug Abuse: A Source Book and Guide for Teachers* (Sacramento: California State Department of Education, 1967). Victor H. Vogel and Virginia E. Vogel, *Facts About Narcotics and Other Dangerous Drugs*(Chicago: Science Research Associates, 1967). "Students and Drug Abuse," *Today's Education*, NEA Journal, March, 1969. Jules Saltman, *What We Can Do About Drug Abuse* (New York: Public Affairs Committee) Food and Drug Administration Fact Sheets, Department of Health, Education, and Welfare, Washington, D.C.

FACT SHEET: AMPHETAMINES; DANGERS OF ABUSE

The amphetamines are regarded as less dangerous than other drugs because, except in large amounts, they do not bring about physical dependence or withdrawal symptoms. So far as the physical effects are concerned, the user often can stop taking the drug with no more difficulty than a few hours or days of mild depression and a strong desire to sleep to make up for the sleep lost while the "pep pills" masked the need.

These drugs still produce dependence in the psychological and emotional sense. The dependent user has little impulse to give up the pleasure of his habit. Also, he develops physical tolerance, requiring larger and larger amounts. The increased dosages usually exaggerate the normal effects of these drugs and result in excitability, talkativeness, tremor of the hands, enlarged pupils, and heavy perspiration. In serious cases, there is a drug psychosis resembling schizophrenia, delusions, and hallucinations, both auditory and visual. Continued abuse of amphetamines can cause high blood pressure, abnormal heart rhythms, and even heart attacks.

Because, like marijuana, the amphetamines have a "happy" appeal and no easily apparent physical ill effects, they are a special temptation to emotionally susceptible teen-agers.

From: Lindsay R. Curtis, Let's Talk About Goofballs and Pep Pills (Dallas: Tane Press).

LEVELS 7-9

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Amphetamine users do not develop total dependency, but they may develop psychological dependence upon the drug.	Have students trace the history of amphetamine type drugs. Debate whether amphetamines meet the legal classification of a narcotic. Discuss the medical definition of narcotics vs. the definition of amphetamines. Discuss psychological dependence of amphetamines. Have a doctor explain what psychological dependence is as compared to physiological dependence. Have a doctor or pharmacist explain what amphetamines are legally used for. Discuss how some women take a diet pill on Saturday morning to have the energy to clean the house.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). "Students and Drug Abuse", Today's Education, NEA Journal, March, 1969. Jules Saltman, What We Can Do About Drug Abuse (New York: Public Affairs Committee). Food and Drug Administration Fact Sheets, Department of Health, Education, and Welfare, Washington, D.C. Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Use a doctor or pharmacist as a resource person.

DRUG ABUSE EDUCATION
LEVELS 10-12

FACT SHEET: DRUG ABUSE EDUCATION FOR THE SECONDARY STUDENT

Many secondary school pupils already have considerable information and misinformation about drugs. In the main, this has been gained from motion pictures, magazines, and newspaper accounts. Much of what they know has come from friends, some of whom may have experimented with drugs.

Teen-agers' lack of understanding of the dangers of drug abuse makes it imperative that they be appraised of what the effects of abusing drugs can be. Equally important, they must realize that drug abuse can lead to incidents that will result in delinquency records that can mitigate against employment in many places and entrance to almost any college.

Reaching teen-agers on this subject is not easy because of the vast amount of misinformation that has come their way. But they can be reached if the instruction is sufficiently comprehensive. Preaching must be avoided in favor of a presentation that will encourage them to make a wise choice should they one day face the pressure of "going along with the crowd."

The manner in which the subject of drug abuse is presented will depend on the maturity and personalities of the students. Background lectures, films, and pupil presentations may be used. But whatever the approach, ample time for class discussion should be provided. Drug abuse is a controversial subject and misinformation is widespread. All sides of the issue should be aired so that students can draw their own conclusions. In these discussions, a good technique is to encourage an exchange of ideas between students-- with the teacher acting mainly as moderator or information authority when clarification of facts is needed. In any case, the instructor should be familiar with the subjects listed below and may wish to touch on them in preliminary discussions. Ideally, instruction on drug abuse should be part of a planned, sequential health curriculum that affords teaching opportunities in health education classes, the social sciences, and sciences. Coordination of effort in these areas will ensure maximal student impact.

Suggested discussion topics: History of Narcotics in Medicine and As Drugs of Abuse. . . Use and Abuse of Non-Narcotics. . . Dangers of Self-Medication, Stressing Use of Barbiturates and Amphetamines . . Drug Abuse Problems in the United States and Other Countries. . . Drug Addiction and the Drug Addict. . . Different Types of Drug Abusers . . .Legislation, National and International, To Control Manufacture, Sale, and Distribution of Narcotics and Other Habit-Forming Drugs. . . Legal and Illegal Distribution of Drugs. . . Effects of Narcotics and Other Abusable Drugs on Personal Health and Behavior. . . Ways in Which Persons Are Introduced To Abuse Drugs. . . Dealing with Situations in Which Habit-Forming Drugs Are Offered. . . Current Approaches To Treatment of Abuse. . . . . Relationship Between Drug Abuse, Juvenile Delinquency, and Crime. . . Attitude of Society Toward Drug Abusers. . . Effects on One's Future From Being Associated With Drug Abuse. . . How Students Can Assist In the Problem of Drug Abuse.

From: *Drug Abuse: Escape To Nowhere.A Guide for Educators* (Philadelphia:
Smith, Kline, and French Laboratories, 1967)

DRUG ABUSE EDUCATION
LEVELS 10-12

Behavioral Objectives:

Knowledge:

The learner will list ways in which the proper use of drugs can be beneficial to man.

The learner will list the harmful physiological, psychological, and sociological effects resulting from the misuse and abuse of drugs, narcotics, and other harmful substances.

The learner will recognize and discuss how these problems relate to the individual, the community, the family, industry and business, traffic safety, crime, health, and disease.

The learner will describe, with reliable data, how the irresponsible use of these substances does not contribute to health and happiness.

The learner will detail, with information based on reliable data, the newest evidence about the influences of various narcotics, drugs, and other harmful substances on physical and mental makeup of people.

Attitudes:

The learner's sense of responsibility for personal health and the well-being of others,related to practices involving drugs,will be supported by reliable data proving non-abuse.

The learner's awareness that good adjustment to social problems and the release of emotional tension can be met by rewarding and constructive ways will be demonstrated by his classroom behavior.

The learner's interest in seeking out activities associated with sports, recreation, hobbies, the fine arts, churches, and clubs in the use of leisure time will be supported by positive, factual information.

The learner's interest in keeping up with the latest reliab information about drug abuse education will be enhanced

Behavior:

The learner will evaluate critically the appeals made by promoters of various dependency-producing substances and be able to resist the temptations resulting from incomplete information.

The learner will support the efforts of society to control the use of dependency-producing substances.

The learner will show respect and support of the law enforcement agencies of our society.

ACT SHEET: CLEARING UP MISINFORMATION ABOUT LSD.

lthough LSD is not a new drug, it has become widely publicized in 1966 as a "consciousness-expanding" drug hat increased creativity in such fields as music and art. An experience with LSD was called "a trip." In reality, SD was creating a false illusion. The users were seeking an instant paradise and searching for an artificial means o improve their condition. Articles in the news media give a startling picture of the bizarre effects which an individual may experience following deliberate and flagrant abuse of this drug.

Vith drugs of this type there are many factors which enter into the experience resulting from ingestion . . the dose f the drug, the personality of the individual, and the environmental clues all enter into the individual pattern of rug effects actually experienced. While under the drug-induced conditions of impaired consciousness, release from nhibitions or altered mood, the drug abuser may easily engage in some activity that brings harm to himself or to thers.

f the user is emotionally unstable, the ultimate dangers are more obvious. Temporary escape from frustrations, ensions, or feelings of inadequacy make these people candidates for the role of becoming drug dependent.

The possiblity of a "bad trip," reports of chromosomal breakdown with possible mutated births, and other dangers have onvinced some users to discontinue abuse of LSD. Many users have reported that a greater deterrent is the fact hat "you never come down the same as you went up." The personality alteration is alarming enough for some to forego continued experimentation.

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MED
Many secondary school pupils already have considerable information and misinformation about drugs.	Administer a pretest to determine the degree of factual sophistication already present in the classroom about drugs.	See Guide to Some Commo Drugs Which Are Subject T Abuse in Appendix.
	Using this information, it may be advisable to survey the previous section of this guide and re-emphasize some of the material outlined there.	See Glossary of Narcotic Slang for drug terms in Appendix.
	Use whatever methodology and media you think appropriate from the previous sections of this guide.	"Students and Drug Abuse," Today's Education, NEA Journal, March, 1969.
	Involve the students in a "Meet The Press" role-playing situation in which one student authority is questioned by a committee of student reporters. Individualize the title to read "Face The Class" or "Face The Nation" but involve the participating students in expression of present information that is available to them.	Angela Kitzinger and Patric J. Hill, Drug Abuse: A Sou Book and Guide for Teache (Sacramento: California Sta Department of Education, 1
	Encourage small group discussion on a topic related to "Me, Drugs, and the Future" in which elements of how drug abuse can change self-concepts and goals.	Drug Abuse: Escape To No-where. A Guide for Educat (Philadelphia: Smith, Kline and French Laboratories, 196
	Enlist student participation in problem-solving situations presented (e.g., appoint a father, a mother, and a daughter to role-play a discussion between parents and child about the use of drugs).	
	Role-play a situation in which teacher appoints a religious leader and a student. The conversation centers around the student's explanation of how and why he participates in "pill popping."	Film: I Never Went Back, FI035

FACT SHEET: LSD

Two research chemists from a Swiss pharmaceutical firm, Dr. Albert Hofmann and Dr. Arthur Stoll, first synthesized LSD in 1938. Dr. Hofmann accidentally discovered its perception-altering properties in 1943. Until the early 1950's, LSD research was confined to Europe. Between 1953 and 1963 American chemists became increasingly interested in the potentialities of LSD. Except for government-approved use for research, the drug is now illegal in the United States.

An average dose of LSD, amounting to only a speck, has an effect that lasts for about eight to ten hours. Users take it in a sugar cube, a cracker, a cookie, or can lick it off a stamp or other objects impregnated with the drug. It increases the pulse and heart rate, causes a rise in blood pressure and temperature, dilated eye pupils, shaking of the hands and feet, cold sweaty palms, a flushed face or paleness, shivering, chills with goose pimples, a wet mouth, irregular breathing, nausea, and loss of appetite.

Unlike the narcotics, LSD does not result in physical dependence and there is no physical sickness when it is withdrawn.

When eaten, inhaled, or injected, a small quantity of LSD causes symptoms ranging from hallucination, distortion, and intensification of sensory perception to panic, impulses towards violence, suicidal acts, and psychosis. These effects are totally unpredictable, vary from person to person, and may recur without repeated injection of the drug for years. Physical damage caused by repeated use of LSD is not now an established fact. Suspicion of its physiological impairing nature is being investigated and current articles could keep the educator abreast of developments in this area.

From: Department of Health, Education, and Welfare,
Public Health Service Bulletin #1828.

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
LSD (lysergic acid diethylamide), an odorless, colorless, and tasteless drug, is the most potent member of drugs which also includes mimethyltryptamine (DMT), peyote, mescaline, and psilacybin. These have the power to bring about radical and often dangerous changes in human behavior.	Initiate classroom activities which will lead the students to collect articles from current news media indicating the scope of the LSD problem. Use the articles collected for oral presentations, group discussion, to form a bound scrapbook collection for bulletin board display, or as basis for group reports. Involve a small group of selected students in a project of exhibiting a collection of known ways in which LSD is used (e.g, candy, postage stamp, and on clothing). Motivate learners with a desire to express themselves orally or to organize their factual material in written form to be shared with others in the class. Discuss the presentations. Cite a case study of your choice and allow the students to discuss the degree of its validity and its implications. Involve a group of students in role-playing an imaginary television report centered around the suspicion that the city water supply has been contaminated with LSD. This project could simulate reaction to such a situation. A committee might interview city officials to investigate possible plans they have developed to cope with such a possiblity.	"Anti-Drug Evangelists," Los Angeles Times, West Magazine, 1968. Narcotics Use: The Empty Life, Washoe County Sheriff's Office (Case studies source). "Students and Drug Abuse," Today's Education, NEA Journal, March, 1969. Public Health Service Publication #1828, LSD: Some Questions And Answers. Film: LSD-25, Professional Arts, Inc Universal City, California. LSD, Insight, or Insanity, Bailey Films, Hollywood, California. Consult your Educational Television and Instructional Television program guide for appropriate listings. Current newspaper and magazine articles. See other related Fact Sheets and suggested media in this guide for complete facts on LSD

FACT SHEET: EFFECTS OF LSD

People who use LSD say that it has a number of effects. The first effects, they indicate, are likely to be sudden changes in their physical senses. Walls may appear to move and colors seem stronger and more brilliant. Users are likely to see unusual patterns unfolding before them. Flat objects seem to stand out in three dimensions. Taste, smell, hearing, and touch seem more acute. One sensory impression may be translated or merged into another (e.g., music may appear as a color and colors may seem to have a taste).

One of the most confusing yet common reactions among users is the feeling of two strong and opposite emotions at the same time. They can feel both happy and sad at once, or depressed and elated, or relaxed and tense. Arms and legs may feel both heavy and light.

Users also report a sensation of losing the normal feeling of boundries between body and space. This sometimes gives them the notion they can fly or float with ease.

Effects can be different at different times in the same individual. Researchers have found, even in carefully controlled studies, that responses to the drug cannot be predicted. For this reason, users refer to "good trips" or "bad trips" to describe their experiences.

Among LSD's other effects on the user is the loss of his sense of time. He doesn't know how much time is passing but he does remain conscious. The user usually remembers, after the drug wears off, what happened to him. On larger doses he may feel mystical and report a sense of rebirth or new insights. But, he is often unable to explain his experience to others. Many medical authorities feel that chronic or continued use of LSD impairs the user's powers of concentration and ability to think. This may lead to a tendency to "drop out" of society.

From: Public Health Service Publication #1828.

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Researchers have found, even in carefully controlled studies, that the psychological response to LSD cannot be predicted and neither is there consistence in response within an individual.	Involve students in activities which result in a panel discussion of the physiological implications of the use of LSD. Encourage research on the commonly held assumption that users of LSD are persons with inadequate personality adjustment. Discuss the oral or written reports resulting from this investigation.	Angela Kitzinger and Patrici J. Hill, Drug Abuse: A Sourc Book and Guide for Teachers (Sacramento: California State Department of Education, 196 Drug Abuse: Escape To Nowhere, A Guide for Educator (Philadelphia: Smith, Kline, and French Laboratories, 1967 Current newspaper and magazine articles. Use other Fact Sheets and suggested media in guide. Consult Instructional Television and Educational Television program schedule. Check with Clark County School District Film Service for recent purchases not listed. Time-Life, "The Drug Takers." New York: Time, Inc., 1965.

FACT SHEET: CATEGORIES OF LSD ABUSERS

There are several categories of people who indulge in using LSD, namely:

1.	LSD Explorers:	These people claim novel sensory experiences and mental awareness. They may include curious theologians, philosophers, and students experimenting occasionally.
2.	Social LSD Takers:	These abusers live in a subculture to keep with the "in group." Usually their external forces are operating--not innate desire.
3.	Those Who Take LSD for Hedonistic Reasons:	These individuals abuse LSD for kicks, pleasure, and to relieve discomfort. They are a high risk category and could get into trouble. Some junior and senior high school students are included in this group. They become dependent on LSD to accentuate every positive feeling, parties, sex, and music enjoyment.
4.	Seekers for Change or Miraculous Cure:	These people are emotionally immature, prepsychotic, can't make contact, and have a paranoid personality. They are very vulnerable,depressed, alienated from life and antisocial.
5.	Fringe Elements of Society:	Includes alcoholics, schizophrenics, and possibly striving pseudo artists. Level of adjustment depends on groups they are with.
6.	Those Wishing to Interrupt Reality:	These individuals are all looking for surcease. Escapism LSD produces bliss and selflessness,and the abusers will find others for sessions.
7.	Artistic Group:	These people want to look beyond what others see, a new view, or to see things differently and seek creative inspirations. Their style is usually quite different.
8.	Accidental Takers:	This group includes children getting at sugar cubes or individuals given LSD without knowing it.
9.	LSD Volunteers:	This is a special, adventurous group,and they believe hard risks can be screened out and that they can handle adverse reaction. They were under supervision clinically 3-4 years ago. No supply was available to them except for research.
10.	Those Who Try LSD for Religious Purpose:	Those individuals who believe in "out-of-body state" appeals. These are answers about the universe and one's personal problems. Some become "messiahs" and "prophets," resulting from or in a deep religious experience.

"The Adolescent and LSD: LSD and similar hallucinogenic drugs seems to have particular attraction during adolescence. It is at this time in their lives that young people are most curious as to who they are and what they want to do with their lives. They are searching for identity and have many conflicts. They often rebel against their parents and other adults. They are looking for fun, are exploring new things, criticize old standards, and seek to improve themselves and society. Many adolescents have heard that LSD is the 'only way to find oneself' and that it provides 'a magic solution' to problems. For this reason many turn to the drug."

From: Narcotics, Drugs and Other Harmful Substances, Health Instruction in Physical Education, San Diego City Schools, (pp. 32,34,36)

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Because LSD is relatively new, a complete and well-authenticated catalogue of dangers of use or abuse cannot be compiled.	Through class discussion or other teaching technique, compile a list of all possible "dangers" of the use of LSD. Keep the list, write it on the chalk board, post it, or use it for a springboard to continued involvement. Encourage students to take one of the possible dangers and do a research report on their choice. Share the information in class. Use the fact sheet information as a basis for discussion. Allow students to add categories they think are omitted. Involve the students in activities of your choice which will underscore the particular dangers of adolescent use of LSD as a substitute for good personality adjustment and maturation. In connection with personality adjustment, use your imagination to involve students in projects, reports, debates, and role-playing.	LSD: Some Questions And Answers, Public Health Service Publication #1828. "Students and Drug Abuse", Today's Education, NEA Journal, March, 1969. Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Drug Abuse: Escape to Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Time-Life. "The Drug Takers." New York: Time, Inc., 1965. Victor H. Vogel and Virginia E. Vogel, Facts About Narcotics and Other Dangerous Drugs (Chicago: Science Research Associates, 1967). Film: Insight or Insanity, Bailey Films, Hollywood, Californi

FACT SHEET: FEDERAL DRUG ABUSE CONTROL AMENDMENTS OF 1965

The Drug Abuse Control Amendments of the Federal Food, Drug, and Cosmetic Act, passed in 1965 and effective as of February 1, 1966, are the result of increasing national concern over the widespread abuse of three groups of dangerous drugs-- depressants, stimulants, and hallucinogens.

The Bureau of Drug Abuse Control has been organized as part of the Food and Drug Administration because of the extensive experience and activities of the Administration in dealing with safety standards and other requirements designed to protect the public against drugs which are potentially dangerous, have serious side effects, have not been sufficiently tested, or are impure.

Under the Drug Abuse Control Amendments, the Bureau has set up nine offices in Atlanta, Baltimore, Boston, Chicago, Dallas, Denver, Kansas City, Los Angeles, and New York.

To carry out the provisions of the law, some 300 specially trained agents are empowered to seize illegal supplies of the controlled drugs, serve warrants, and arrest persons engaged in the illegal manufacture, trade, or handling of dangerous drugs. The agents of the BDAC have the right to carry firearms while engaged in their duties.

The law as enacted by Congress combines two methods to curb drug abuse. All legal handlers of drugs designated as dangerous must keep records of their supplies and sales. The purveyors of illegal drugs are punished under the statute's criminal section.

Thus, all registered manufacturers, processors and their suppliers, wholesale druggists, pharmacies, hospitals, clinics, public health agencies, and research laboratories must, as of February 1, 1966, or any date thereafter that a drug comes under control, take an inventory, keep accurate records of receipts and sales of these drugs, and make their records available to FDA agents. For the controlled drugs, no prescription older than six months can be filled nor can refills be made more than five times.

Those benefiting financially from the illicit use of dangerous drugs are dealt with under the criminal section of the Act. Anyone who produces or sells dangerous drugs illegally may receive a maximum penalty of one year in prison, or a $1,000 fine, or both. A second offense increases the maximum prison term to three years, or a fine to $10,000, or both. Because of the serious consequences of drug abuse among young people, special penalties are provided for those over 18 years old who sell or give any of the controlled drugs to persons under the age of 21. The first offense carries a maximum of two years in prison, or a fine of not more than $5,000, or both. The second offense calls for a maximum of six years in prison, or a fine of not more than $15,000, or both.

The law enables the Bureau of Drug Abuse Control to detect and eliminate the illegal sources of dangerous drugs, but does not provide criminal sanctions against the user. It is believed, rather, that through proper treatment, both physical and psychological, the drug abuser can be rehabilitated and returned to his place in society.

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
The Federal Drug Abuse Control Amendments of 1965 provide strict penalties for anyone who illegally produces, sells, or disposes of dangerous drugs like LSD.	Involve students in research on the historical aspects of the development of drug abuse laws. Share reports in the classroom. Use law enforcement officials as resource persons to discuss law enforcement and the special problems LSD presents. Allow student involvement in arrangements for their appearance, for introduction, and for discussion. Initiate activities in the classroom which will lead to oral or written reports (shared with the class) concerning the Drug Abuse Control Amendments of 1965. They may want to comment about their parents complaining about not being able to get a prescription renewed without the consent of the doctor. This stipulation stems from these Amendments. If there is limited time for student research, use the accompanying fact sheet as the basis of discussion.	Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Drug Abuse: Escape to Nowhere, A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). "Students and Drug Abuse" Today's Education, NEA Journal, March, 1969. Victor H. Vogel and Virginia E. Vogel, Facts About Narcotics and Other Dangerous Drugs (Chicago: Science Research Associates, 1967). See Nevada Revised Statutes regarding narcotics and dangerous substances in Appendix. Time-Life, "The Drug Takers". New York: Time, Inc., 1965.

FACT SHEET: RESEARCH ON LSD

Serious psychiatric researchers believe that the study of the extremely disturbed behavior produced by LSD may give a clue to the causes of the ordinary development of serious mental disorders. There is also some hope that the use of LSD as a sort of shock treatment may be of help in treating mentally ill people, but it is much too soon to reach any definite conclusions. The following story illustrates this ill-behavior.

Several university students were arrested after neighbors phoned the police because the students were observed crawling on a lawn and eating grass. In another instance, neighbors called police to complain of noise in a a nearby apartment. The investigating officers found two young men hacking at one another with knives in order to get blood to draw "beautiful pictures" on the wall.

Authorities say that one-third of the people taking LSD report unpleasant emotions and sensations and about one-half of these experience panic and fear that they are losing their minds. Two-thirds of the subjects report pleasurable experiences, some of an ecstatic or a mystical, religious nature. Artists and writers sometimes feel that they are more creative after taking LSD, but this appears to be only their belief. Most sober observers report a deterioration of ability.

Mental hospitals in the areas where LSD is popular report increasing admissions of patients who are acutely disturbed after the use of the drug. For example, one user became so violent with two doses of LSD that it took five students to control him at a Los Angeles mental institution.

It appears that the emotional misfits most likely to be seriously or permanently damaged by LSD and similar drugs are those most inclined to experiment with them. Suicides and murders by frightened and panicky LSD users are being reported with increased frequency.

The nature of LSD action on the human body and mind, possible damage to body and mind, and possible damage to body organs is unknown at this time.

From: Victor H. Vogel and Virginia E. Vogel,
Facts About Narcotics and Other Dangerous
Drugs (Chicago: Science Research Associates, 1967).

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Limited research is being conducted to discover beneficial uses of LSD. The National Institute of Mental Health has 58 research projects authorized through the Center for Studies of Narcotic and Drug Abuse.	Involve students in a debate of the pros and cons of having LSD available for research by reliable agencies. (One authority reported that the LSD scare has caused a slow-down in the conduct of needed scientific research.) A 17-year-old high school student won a science fair award for his research in which he obtained permission to administer LSD to spiders and photographed the webs constructed while under the influence of the drug. Promote class discussion regarding such experiments. Encourage students to search out and report on research projects of their choice. Some investigation has been done on the possible use of LSD with mental patients. (See Fact Sheet) Discuss reports. Manipulate classroom activities which might involve students in role-playing a research situation based on factual data (e.g., staff members and patients in a mental hospital where LSD is used in experimentation).	Films: Romance of Pharmacy, F0754 Drugs and the Nervous System, F1475.

FACT SHEET: LSD AND OTHER HALLUCINOGENS

In their search for values and a sense of personal identity, most young people see through the flimsy logic of drug abuse. They realize "dropping out" hurts them and does nothing to improve our society with its vast problems.

An important aspect of LSD research, one that has not been sufficiently studied, is the difference between what the user says and what he does. Advocates of LSD claim that they show more "love of fellow man" and "relatedness." However, this claim is illusory for most users. The fact is that the LSD user interprets his drug-induced experience as a salutory one, although his behavior may begin to decline and achievement to diminish. What he appears to acquire is the language set to talk about "love for his fellow man and relatedness," often without developing a change in behavioral patterns on which to base such language. Under the influence of the drug, ability to communicate verbally is definitely impaired, although researchers feel that much work remains to be done in this area.

The function of LSD for many of the "hippy" groups is that it provides an easy and automatic means to membership. An in-group, out-group type of thinking may prevail and a pharmacocentric ideology is followed. This involves the rejection of others who are free of the drug interests. Proselytizing is very common and allegiance to drug values is regarded as a "loyalty test."

Personality patterns of people who ingest LSD indicate strongly that they are less able to postpone pleasure and to withstand the frustrations of everyday life. Drug dependece of the LSD type is more often found among those searching for something meaningful in life, a system of values by which they can live.

Other dangerous hallucinogens include the following:

DMT:	Isolated from the seeds and pods of piptadenic peregrina. Long before the time of Columbus, some native tribes of South America prepared cohoba snuff from the seeds of this plant. The active substances are bufotenine and dimethyltryptamine. DMT has been synthesized in the laboratory.
Psilocybin and Psilocin:	First isolated by Dr. Albert Hofmann from the sacred mushroom of southern Mexico. The active ingredients are said to produce brilliant visual hallucinations generally followed by a period of emotional disturbance. Both drugs have been synthesized in the laboratory.
Mescaline:	Found in peyote, a small cactus that grows in northern Mexico and the Rio Grande area of Texas. The peyote, or mescal buttons are reported to produce a spectacular kaleidoscopic play of richly colored visions. The plant is a divine messenger enabling communication with the gods for the Indian. Mescaline has also been synthesized.
Ibogaine:	Found in the root bark of tabernante iboga and is known as the Congolese ordeal plant. It was given during initiation rites of secret societies to the young tribal men to chew. It has now been synthesized.

From: Food and Drug Administration Papers,
July-August 1967.

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MED
Other hallucinogens equally tempting and dangerous to the adolescent include: DMT, Psilocybin and psilocin, mescaline, and ibogaine.	If time permits, or you choose this material for your emphasis, select those sections of the methodology and media of the preceding pages which you consider appropriate to accomplish your objectives.	Film: *Narcotics--The see* F1546.

FACT SHEET: SOME CLUES IN SPOTTING THE DRUG ABUSER

Few narcotic abusers are seen in school situations, because they usually cannot function within the ordered confines of such insitutions. However, some individuals begin narcotics abuse while still attending school. Such individuals are likely to be drinking paregoric or cough medicines containing narcotics. The presence of such bottles in wastebaskets or around school grounds is a clue to this form of abuse. The medicinal odor of these preparations is often detectable on the breath.

For maximal effect, narcotics usually are injected directly into a vein. The most common site of the injections is the inner surface of the arm at the elbow. After repeated injections, scar tissue "tracks," develops along the course of such veins. Because of the easy identification of these marks, such narcotic abusers usually wear long sleeves at odd times. Females sometimes use makeup to cover marks. Some males get tattooed at injection sites.

The presence of equipment used in injecting narcotics is another way to spot the narcotic abuser. Since anyone injecting drugs must keep his equipment handy, it may be found on his person or hidden nearby in a locker, washroom, or some place where temporary privacy may be found. The characteristic instruments and accessories are a bent spoon or bottle cap, small ball of cotton, syringe or eyedropper, and a hypodermic needle. The small ball of cotton, used as a straining device, is usally kept after use because it retains a small amount of narcotic that can be extracted if the abuser is unable to obtain additional drugs. The bent spoon or bottle cap used to heat the narcotic is easily identifiable because it becomes blackened by the heating process.

From: Drug Abuse: Escape to Nowhere. A Guide for Educators
(Philadelphia: Smith, Kline, and French Laboratories, 1967).

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
The term narcotic refers, generally, to opium and pain-killing drugs made from opium (e.g.,heroin, morphine, methodon, paragoric, and codeine). The abuse and possession without prescription of narcotics and dangerous drugs is against the law.	Administer a pretest to determine the degree of factual sophistication about narcotics already present in the classroom. Using this information, it may be advisable to survey the 7-9 section of this guide and reemphasize some of the concepts outlined there. Use whatever methodology and media you think appropriate from previous sections of this guide. Initiate a general discussion on narcotics and local use to determine the material in this section which should receive emphasis.	No Secret (Las Vegas: Clark County School District, 1967). Drug Abuse: Escape To Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Films: Drug Addiction; Narcotics: Pit of Despair, Film Distributors International, Los Angeles, California. Victor H. Vogel and Virginia E. Vogel, Facts About Narcotics and Other Dangerous Drugs (Chicago: Science Research Associates, Inc., 1967). Narcotics, Some Questions and Answers, Public Health Service Publication #1827, Oct., 1968. See Appendix for Nevada Revised Statutes and sources of Federal and International laws controlling narcotics and dangerous drugs.

FACT SHEET: OPIUM AND ITS DERIVATIVES

Opium is a dark brown or black tarry gum obtained from the congealed milky juice of the unripe seedpod of the opium poppy. It has a faint odor and a bitter taste. The poppies that grow in flower gardens do not produce opium. Most of the opium poppies are raised in India, Turkey, Laos, Iran, Russia, and Yugoslavia. Small quantities come from China, Burma, Thailand, and Mexico. Opium poppies thrive in a hot climate with little rain where few other profitable crops will grow. Because gathering the juice is tedious and an acre produces only small quantities, opium poppies are usually grown where labor is plentiful and cheap. The entire crop from a large field, which may produce enough income to support a whole village for a year, can be transported on one man's back.

Crude opium is sometimes used by the natives of the areas where it is grown. They may eat it or drink it as tea. Prepared opium is purified from crude opium. It is sold to users in small boxes called "toys". Opium can be smoked alone in a special pipe, mixed with tobacco, or it can be eaten. It causes dreamy stupor, sleep, or unconsciousness.

Morphine is a fine, white, feathery powder made from opium. Heroin is a white crystaline powder resembling morphine from which it is made. Some bootleg heroin is brown and impure. Manufacturing of heroin has been illegal in the United States since 1925.

Heroin is prepared in other parts of the world, particularly Italy, Turkey, France, and Germany for sale in countries where it is still legal. Some of this is smuggled into the United States for sale to "pushers", those who sell narcotics illegally to users.

From: Victor H. Vogel and Virginia E. Vogel,
Facts About Narcotics and Other Dangerous Drugs (Chicago: Science Research Associates, 1967).

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Opium is a dark brown or black tarry gum which is obtained from the dried milky juice of the unripe seedpod of the opium poppy. It has a faint odor and a bitter taste.	Involve the students in research projects related to the historical aspects of opium. Draw on the information from the Fact Sheet to categorize items as geographical location where grown and historical outbreaks of opium use. Encourage students to report on data collected about the physical reactions to opium usage and discuss. Involve artistically inclined students to do a pictorial analysis of the plant, the prepared product, and how it is used. Display the art work and have the students share the information gathered in their research. Involve law enforcement officials as resource persons for a discussion of the legal controls on opium which have been instituted over the years. Encourage students with a literary inclination to report on stories, books, and biographies which may have meaningful information on opium and its use. Stories with an oriental setting might be investigated for information.	*Drug Abuse: Escape to Nowhere. A Guide for Educators* (Philadelphia: Smith, Kline, and French Laboratories, 1967) Angela Kitzinger and Patricia J. Hill, *Drug Abuse: A Source Book and Guide for Teachers* (Sacramento: California State Department of Education, 1967) Film: *Narcotics: Pit of Despair*, Fil Distributors International, Los Angeles, California. Victor H. Vogel and Virginia E. Vogel, *Facts About Narcotics and Other Dangerous Drugs* (Chicago: Science Research Associates, Inc., 1967). *Narcotics, Some Questions and Answers*, *Public Health Service Publication* #1827, October, 1968. "Students and Drug Abuse." *Today's Education*, NEA Journal, March, 1969.

FACT SHEET: SOURCES OF INFORMATION AND ASSISTANCE REGARDING DRUG ABUSE

Most drug abuse situations will not require emergency medical help. They will, however, raise many perplexing medical questions which educators will want answered. For information relating to specific situations, or to drug abuse in general, a teacher will naturally turn to the school nurse or possibly a local physician. Additional sources of information are the following local agencies.

Clark County Medical Society
2029 Paradise Road
Las Vegas, Nevada 735-8977

Clark County Health Department
625 Shadow Lane
Las Vegas, Nevada 385-1291

Nevada State Divison of Health, Food, and Drug
625 Shadow Lane
Las Vegas, Nevada 385-1291

From a law enforcement standpoint, Clark County Schools have the following Administrative Regulations regarding rug abuse:

"Any student who is found to possess, or to have used recently, or to have in any way encouraged the illegal use by another of any alcoholic beverages, narcotics or drugs shall be suspended until the problem is investigated (District egulation 5114.1). If circumstances cause suspicion that an illegal act has been committed, the student shall be eferred to the proper law enforcement agency. The suspension shall continue until it has been determined whether he student's attendance is a threat to the welfare of other students, at which time the student shall be either (1) eadmitted or (2) continued on suspension and action for expulsion initiated."

he following law enforcement agencies could provide assistance:

as Vegas Police Department
00 North 1st St.
as Vegas, Nevada 385-1122

Clark County Sheriff's Office
200 East Carson
Las Vegas, Nevada 384-6300

Henderson Police Department
243 Water St.
Henderson, Nevada 565-8933

oulder City Police Department
43 California St.
oulder City, Nevada 293-1424

North Las Vegas Police Department
1301 E. Lake Mead Blvd.
North Las Vegas, Nevada 642-2330

Air Police Squadron
Nellis Air Force Base
Nevada 643-2418

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
The opium derivatives are morphine, an odorless, white crystalline substance; codeine; and heroin.	Use those sections of methodology from the previous page which seem significant to the accomplishment of your objectives. Develop methodology which will be individually appropriate to the accomplishment of the educational goals in your classroom. Discuss Clark County School District's regulation regarding drug abuse in school.	Drug Abuse: Escape To Nowhere, A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967) Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967 Film: Narcotics: Pit of Despair, Film Distributors International Los Angeles, California. Victor H. Vogel and Virginia E. Vogel, Facts About Narcotics and Other Dangerous Drugs (Chicago: Science Research Associates, 1967). Narcotics, Some Questions and Answers, Public Health Service Publication #1827 October, 1968. "Students and Drug Abuse." Today's Education, NEA Journal, March, 1969.

FACT SHEET: THE DRUG ABUSER

An article, "The Narcotic Addiction Problem," from the American Social Health Association Bulletin states, "Most addicts begin using drugs as a result of association with those already using drugs. It must be pointed out, however, that many, if not most, persons who try drugs out of curiosity do not use them a second time and certainly do not become addicted. It is likely that only those persons who sense that drugs serve a method of coping with serious personal problems continue to use narcotics and ultimately become different persons. For example, some addicts may begin using drugs to be like the members of a group they admire, while others may develop the habit to accent their individuality and to set them apart from a group that does not take drugs.

"A substantial number of addicts in large cities begin using narcotic drugs when they are around 16 years old, the age when adolescents are likely to be confronted by new challenges of maturity. Many of these teen-agers are suffering from a personality disturbance so severe they seek to 'tune out' on reality and its commitments and decisions. Different kinds of inadequate persons may begin and sustain drug use. There is no general agreement about the type of personality makeup that is most likely to be found in addicts, although a schizoid personality seems to characterize many of them. There is urgent need for more research in this field to determine the common denominators of the addict personality, if such there be."

From: Charles Winick, "The Narcotic Addition Problem,"
American Social Health Association Bulletin.

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Heroin is the most widely abused narcotic nationally on today's drug scene. The heroin user jeopardizes his health and is in danger of dying from an overdose.	Encourage students to undertake research reports related to the historical aspects of heroin. These might include the history of the use of heroin and the history of legal efforts to control usage. Discuss the oral or written reports. Involve students in collecting data on the physiological reactions to heroin use and abuse. Discuss the data. Organize, or allow development, of small groups or committees who will become involved in preparation of charts, graphs, and pictorial reproductions of the history of the use of heroin. Cite a case study of drug dependence of the heroin type. Encourage students to discuss the reality and validity of the concepts presented. Invite law enforcement officials into the classroom to discuss local concerns in the area of heroin use and abuse. Allow time for student discussion and become conscious of follow-up activities which might become apparent. Encourage students with special interests or talents (e.g., literary, artistic, or scientific) to pursue projects or research which will involve optimum use of their talents in quest of knowledge about heroin and its use.	Drug Abuse: Escape To Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Film: Narcotics: Pit of Despair, Film Distributors International, Los Angels, California. Victor H. Vogel and Virginia E. Vogel, Facts About Narcotics and Other Dangerous Drugs (Chicago: Science Research Associates, Inc., 1967). Narcotics, Some Questions and Answers, Public Health Service Publication #1827, Oct., 1968. "Students and Drug Abuse," Today's Education, NEA Journal, March, 1969. Film: Narcotics-Why Not? F1211. Use law enforcement officials as resource persons.

FACT SHEET: RELATED INFORMATION TO DRUG ABUSE

The terms "addiction" and "habituation," formerly used to designate the type of degree of drug abuse, are being replaced by the term "drug dependence," suggested by the Expert Committee of the World Health Organization in 1964. Drug dependence, accordingly, is defined as a state arising from repeated administration of a drug on periodic or continual basis. Its characteristics vary with the drug involved, so that one needs to specify what kind of dependence is being referred to (e.g., morphine type, cocaine type, barbiturate type, LSD type, or marijuana type).

The United States Public Health Service operates two hospitals for treatment of drug-dependent persons at Lexington, Kentucky, and Fort Worth, Texas. California, with more than 10,000 drug users under correctional control, operates the California Rehabilitation Center at Corona where some 2,000 persons get medical care and intensive group psychotherapy.

The characteristics of morphine-type dependence include the following:

1. An overpowering desire or need to continue taking the drug and to obtain it by any means. The need can be satisfied by the drug taken initially or by another with morphine-like properties.

2. A tendency to increase the dose owing to the development of tolerance.

3. A psychic dependence on the effects of the drug related to a subjective and individual appreciation of those effects.

4. A physical dependence on the effects of the drug requiring its presence for maintenance of homeostasis and resulting in definite characteristic and self-limited abstinence syndrome when the drug is withdrawn.

The cost of the drug abuse problem to society is enormous. The typical user requires ten to thirty dollars daily for drugs. Male users usually turn to stealing in one form or another to obtain the necessary money for their habit. Since stolen merchandise brings the thief only a small portion of the original cost, drug users must steal items worth far more than the cash they need for drugs. It can be safely said that the typical male user may steal in a year's time merchandise valued from $30,000 to $90,000. The figure of $350 million has been suggested by the Federal Bureau of Narcotics as the amount spent annually on illegal drugs.

The typical female drug abuser, on the other hand, usually resorts to prostitution to obtain the money she needs. She is, thereby, also involved in two forms of illegal activity, one supporting the other. It is likely that more than half the women in the prisons of large cities are there because they were apprehended in this situation.

From: Charles Winick, "The Narcotic Addiction Problem," *American Social Health Association Bulletin*.

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
A heroin user can develop a total drug dependence and become enslaved by the drug. Law enforcement officials attribute the need to secure money to pay for the habit as the reason for theft and prostitution among abusers.	Involve students in a debate on the facts and fiction of drug dependence of the heroin type. Much information is available from resources listed in the bibliography. Encourage small group discussion about the relationship between drug dependence of the heroin type and crime. Expect the student to furnish reliable data to support his statements. Arrange learning experiences which might result in debate on the controversial steps which lead to drug dependence of the heroin type.	Drug Abuse: Escape To Nowhere, A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Film: Narcotics: Pit of Despair, Film Distributors International, Los Angeles, California. Victor H. Vogel and Virginia E. Vogel, Facts About Narcotics and Other Dangerous Drugs (Chicago: Science Research Associates, 1967). Narcotics, Some Questions and Answers, Public Health Service Publication #1827, Oct., 1968. "Students and Drug Abuse," Today's Education, NEA Journal, March, 1969. Use law enforcement officials as resource persons.

CT SHEET: NARCOTIC ADDICT REHABILITATION ACT OF 1966

Narotic Addict Rehabilitation Act of 1966 provides that

1 An addict charged with a non-violent Federal offense who elects to be committed for treatment instead of prosecuted for his crime, can be committed to the Surgeon General of the Public Health Service for examination, treatment, and rehabilitation.

. An addict already convicted of a crime can be committed to the Attorney General for a treatment period of not more than 10 years, or for the maximum period of sentence that could be imposed for his conviction.

. An addict not charged with an offense can be civilly committed to the Surgeon General for treatment upon his own application, or that of a relative or another "related individual."

. Federal support can be given to states and communities for specialized training programs, and for the construction, staffing, and operation of new addiction treatment facilities on a joint Federal-State basis.

. Aftercare for the addict, when he is released from hospitalization, will be stressed as a key aspect of his treatment.

. Portions of the Act dealing with civil commitment and aftercare services are administered by the Narcotic Addict Rehabilitation Branch of National Institute for Mental Health and by the Justice Department.

7. The part of the Act designed to support adequate rehabilitation services for the addict in his home community is administered by the National Institute for Mental Health Center for Studies of Narcotic and Drug Abuse.

From: Public Health Service Publication #1827,
Some Questions and Answers.

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Use or possession of heroin in the United States is prohibited except for authorized research.	Involve students in research which traces opium from its raw form, in Turkey, to conversion to morphine and then to heroin in Italy and France, and transportation to the United States. Encourage students to search out the national and international efforts to control the use of heroin. Motivate your talented students in art projects to portray some aspect of this study. Use the pictures for display and illustration. Allow small group discussion in which there is sharing of attitudes and opinions. Have each group make a group report to the entire class. Use materials and techniques found in textbooks (e.g., health and biology) to promote student involvement.	Drug Abuse: Escape To Nowhere, A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967). Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Film: Hooked F1221. Victor H. Vogel and Virginia E. Vogel, Facts About Narcotics and Other Dangerous Drugs (Chicago: Science Research Associates Inc., 1967). See Appendix for sources of National and International laws controlling narcotics and dangerous drugs. Use health and biology textbooks.

FACT SHEET: A NEW DRUG ABUSE TREATMENT PROGRAM

"Last August a group of psychiatrists, nurses, and social workers from the Yale School of Medicine and the Connecticut Mental Health Center began operating a comprehensive drug addiction treatment program for the greater New Haven area. An integral part of the program is the treatment of heroin addicts with a drug known as methadone. It eliminates an addict's craving for heroin and thereby allows him to lead a life unfettered by heroin addiction. Unfortunately though, methadone, like heroin, is an addictive drug. The only difference between the two is that methadone does not alter the user's perception of the world around him.

"The new program, one of six similar projects across the nation, is necessarily controversial. In medical terms, little is known about the long-range effects of methadone, and some physicians argue that the drug may ultimately have damaging psychological consequences for the user. In social terms, critics have questioned the morality of eliminating dependency on heroin only to supplant it with an equally strong dependence on a different legally administered drug.

"Implicit in the criticism of the morality of methadone treatment is a complex set of assumptions about the proper method of dealing with drug dependency. The idea that dependency upon one drug is acceptable as an alternative to dependency upon a different drug conflicts with cherished beliefs regarding the freedoms and responsibilities of the individual. The conventional morality, the national political philosophy, and the theory of representative democracy all assume basic individual responsibilities. But the validity of that moral posture is fundamentally challenged by asserting that methadone addiction is a necessary condition for the elimination of heroin addiction."

From: C.M. Byron, "Methadone: The Controversial
Method of Treating Drug Addiction," _Yale
Alumni Magazine_, 1969.

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
Percodan (oxycodone), meperidine (demerol), and methadone (dolpnine) are synthetic opiates which have caused increasing concern because of their abuse.	Encourage a committee of students to read the article on methadone in the Yale Alumni Magazine and prepare a report for the class. Discuss the methods that rehabilitation and treatment centers are using with drug-dependent people.	C.M. Byron, "Methadone: The Controversial Method of Treating Drug Addiction," Yale Alumni Magazine, 1969. Drug Abuse: Escape To Nowhere. A Guide for Educators (Philadelphia:Smith, Kline, and French Laboratories, 1967). Angela Kitzinger and Patricia J. Hill, Drug Abuse: A Source Book and Guide for Teachers (Sacramento: California State Department of Education, 1967). Film: Narcotics, The Inside Story, F1490.

FACT SHEET: SOME WELL-KNOWN TREATMENT PROGRAMS

During the 1960's many new kinds of treatment programs have been initiated. Most such programs are still considered experimental. Some of the better-known programs are as follows:

Maryland Program: In Maryland, a special outpatient clinic has been established by the state for drug dependent parolees from correctional institutions. The parolee must report every evening to leave a urine specimen (to test for the presence of narcotics), must attend group psychotherapy at the clinic once a week, and must maintain a job. Failure to comply with these requirements can lead to immediate return to prison.

California Program: In 1961 the California legislature provided a program of civil commitment in which addicts are sent to a rehabilitation center for group psychotherapy, remedial education, vocational training, and counseling for patients and their families. A condition of participation in the program is that, following release as outpatients, addicts must submit to periodic test utilizing "Nalline." "Nalline." is a synthetic anti-narcotic which brings about abrupt withdrawal symptoms if a person is using narcotics. Since 1965, the program has also provided halfway houses where outpatients who feel unable to adjust immediately to community life may stay as long as 90 days.

Narcotics Anonymous: Narcotics Anonymous, modeled after Alcoholics Anonymous, has chapters in major cities. Spiritually oriented, it relies on mutual inspiration, discussion, and the therapeutic value of confession. As with AA, people in the program can contact fellow members at any time they need to talk about personal problems and pressures.

Synanon: One of the most controversial nongovernmental projects is Synanon, a group of residences throughout the country managed by ex-drug abusers. Because of rigid requirements for entry into the group, usually only those individuals highly motivated to abandon drug abuse are candidates for admission. Once in, the member is assigned tasks and encouraged to work toward greater responsibility within the organization. To date, most Synanon "graduates" have remained in the Synanon community.

Daytop Lodge: In 1963, under a grant from the National Institute for Mental Health, Daytop Lodge was opened on Staten Island, New York, for the treatment of drug abuse probationers. Directed by Synanon graduates, the Lodge is a residential facility designed to ease the drug abusers transition into community life. The program utilizes small group sessions in which participants air their emotional problems.

British System: In actuality, it is more of an approach than a system. It stems from an attitude shared by government, law enforcement authorities, the medical profession, and the general public that drug abuse is a disease, not a crime. Consequently, physicians, at their discretion, may prescribe narcotics for users if complete withdrawal would be hazardous to the patient's health. This would also be true if the patient would be incapable of leading a useful, normal life without maintenance doses.

From: Drug Abuse: Escape To Nowhere, A Guide for Educators (Philadelphia:Smith, Kline, and French Laboratories, 1967).

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MUTLI-MEDIA
Because of the societal and human costs of drug dependence, rehabilitation is a major concern of universal nature.	There are six other major types of treatment programs. Using a technique of your own devising, involve students in research and reporting on The Maryland Program The California Program Narcotics Anonymous Synanon Daytop Lodge The British System Drug Abuse: Escape to Nowhere, pp. 49,50, & 51, has a summary of these programs.	Drug Abuse: Escape To Nowhere. A Guide for Educators (Philadelphia: Smith, Kline, and French Laboratories, 1967).

ACT SHEET: FEDERAL CONTROL OVER NARCOTICS AND DANGEROUS DRUGS

he legislative control of the Federal Government over narcotics and dangerous drugs rests in the following laws enacted n the course of the past half-century.

arrison Narcotics Act (1914): This act is a tax measure designed to control the importation, manufacture, production, preparation, purchase, sale, distribution, or gift of opium and its derivatives. It requires registration and payment of an occupational tax of all who deal in these substances. Prior to this act, opium and its derivatives could be purchased at drug stores without prescription. The act limits sales or transfer to registrants using official order forms, allowing exceptions only for legitimate medical or dental practices. Federal courts have maintained that dispensing of drugs to an addict merely for the gratification of addiction is not legitimate medical or dental practice.

he Narcotics Drugs Import and Export Act (1922): A reenactment and revision of an earlier law. It limits the importation of crude opium and coca leaves to amounts deemed necessary for medical and scientific needs and specifically prohibits the importation of opium for smoking or for the preparation of heroin. The purpose of this act is to stamp out the use of narcotics in the United States except for legitimate purposes.

he Marijuana Tax Act (1937): Instituted controls over marijuana similar to those over opium. The same exceptions are allowable for medical practice, but these are academic today because the medical use of marijuana is obsolete. This act, therefore, suppresses the use of marijuana in this country.

he Opium Poppy Control Act (1942): Prohibits the production of the opium poppy in the United States except under license and provides penalties for persons who grow the poppy illegally.

he Narcotics Control Act (1956): Resulted from intensive studies made by Senate and House committees which investigated the narcotic problem in the United States in the wake of the postwar increase in juvenile addiction. Both committees recommended the imposition of heavy penalties as the strongest known deterrent to narcotic traffic and narcotic addiction. The act provides as penalty for the unlawful sale of marijuana between adults (first offense) a sentence of not less than five nor more than 20 years, with an optional fine up to $20,000. No probation, suspension, or parole is allowed. For the adult who in any manner furnishes heroin to a minor, the act provides imprisonment from ten years to life, for optional fine up to $20,000, or for the death penalty if the jury so directs.

From: Angela Kitzinger and Patricia
J. Hill, Drug Abuse: A Source
Book and Guide for Teachers
(Sacramento: California State
Department of Education, 1967).

LEVELS 10-12

COMPONENT IDEAS	SUGGESTED METHODOLOGY	SUGGESTED MULTI-MEDIA
All national and international law enforcement agencies are working together to control and eliminate drug abuse. Each of us has a part to play.	The Fact Sheet on the opposite page lists some of the legislative controls instituted by the Federal Government. Involve students in researching the background, the actual content of the laws, and their effectiveness: The Harrison Narcotics Act of 1914 The Narcotic Drugs Import and Export Act of 1922 The Marijuana Tax Act of 1937 The Opium Poppy Control Act of 1942 The Narcotic Control Act of 1956 The Drug Abuse Control Amendments of 1965 Any acts of more recent origin Involve the students in researching the activities of the World Health Organization in international control of drug abuse. Encourage them to present panel discussions, oral reports, written reports, or any other vehicle can be employed to present the information. Involve students in discovering how other nations handle their drug abuse problems. Biafra shoots the "pusher" (even of marijuana) on sight with no formality of arrest or trial. The user gets a trial and an automatic twenty years.	Film: Narcotics -- The Decision F 0744.

BIBLIOGRAPHY

BOOKS

AUTHORED PAMPHLETS AND BOOKLETS

ANONYMOUS PAMPHLETS AND BOOKLETS

SCHOOL SYLLABUSES

SERIAL PUBLICATIONS

JOURNAL ARTICLES

FILMS

RECOMMENDED SUBSCRIPTIONS

RESOURCE AGENCIES

BIBLIOGRAPHY

A. BOOKS

Abramson, H. The Use of LSD in Psychotherapy and Alcoholism. New York: Bobbs-Merrill, 1967.

Adriani, J. (ed.). Narcotics and Narcotic Antagonists. Chemistry, Pharmacology and Applications in Anesthesiology and Obstetrics. Springfield, Illinois: Charles C. Thomas, 1964, 425 pp.

Agnew, D. Undercover Agent—Narcotics. New York: McFadden-Bartell, 1959, 143 pp.

Alpert, R., and Cohen, S. LSD. New York: New American Library, 1967.

Alexander, M. The Sexual Paradise of LSD. North Hollywood, California: Brandon House, 1967, 190 pp.

Andrews, G., and Vinkenoog, S. (ed.). The Book of Grass—An Anthology of Indian Hemp. New York: Grove Press, 1967, 242 pp.

Anslinger, H. J. The Protectors. New York: Farrar, Straus and Giroux, Inc., 1961.

______, and Oursler, W. The Murderers. New York: Farrar, Straus and Giroux, Inc., 1961, 307 pp. The story of the Narcotic Gangs.

______, and Tompkins, W. F. The Traffic In Narcotics. New York: Funk and Wagnalls, 1953.

Becker, H. S. The Outsiders. Glencoe, Illinois: The Free Press, 1963.

Beckman, H. Dilemmas in Drug Therapy. Philadelphia: W. B. Saunders, 1967, 404 pp.

Bett, W. R., Howells, L. H., and MacDonald, A. D. Amphetamine in Clinical Medicine Actions and Uses. Great Britain: E. and S. Livingstone, December, 1954, 78 pp.

Blum, R., *et al*. *The Utopiates*. New York: Atherton Press, 1964.

Brown, T. T. *The Enigma of Drug Addiction*. Springfield, Illinois: Charles C. Thomas, 1961, 350 pp.

Caldwell, A. E. *Psychopharmaca—A Bibliography of Psychopharmaca*, 1952-1967. Washington, D. C.: U. S. Printing Office, 1958, 258 pp.

Cashman, J. *The LSD Story*. Greenwich, Connecticut: Fawcett Publications, 1966, 128 pp.

Chein, I. *The Road To H*. New York: Basic Books, 1964, 482 pp.
Narcotics, Delinquency and Social Policy.

Cohen, S. *The Beyond Within: The LSD Story*. New York: Atheneum, 1964.

Connell, P. H. *Amphetamine Psychosis*. London: Chapman & Hall, 1958.

Creekmore, H. *Daffodils Are Dangerous: The Poisonous Plants in Your Garden*. New York: Walker and Company, 1966, 258 pp.

DeBold, R. C., and Leaf, R. C. (ed.). *LSD, Man and Society*. Middletown, Connecticut: Wesleyan University Press, 1967.

DeKruif, P. *A Man against Insanity*. New York: Grove Press, 1957, 246 pp.

DeRopp, R. S. *Drugs and the Mind*. New York: Grove Press, 1961, 310 pp.

Ebin, D. (ed.). *The Drug Experience*. New York: Grove Press, 1961, 385 pp.

Efron, D. H. (ed.). *Ethnopharmacologic Search for Psychoactive Drugs*. Washington, D. C.: Department of Health, Education, and Welfare, 1967, 468 pp.

Eldridge, W. B. Narcotics and the Law. New York: New York University Press, 1962.

Finch, B. Passport to Paradise... ? New York: Philosophical Library, 1960, 191 pp.

Gale, W. C. Why Not Legalize Narcotics? San Diego, California: Publisher's Export, 1967, 160 pp.

Goldstein, R. One in Seven; Drugs on Campus. New York: Walker and Co., 1966.

Harms, E. Drug Addiction in Youth. Oxford, England: Pergamon Press, 1965, 210 pp.

Hollander, C. (ed.). Background Papers on Student Drug Involvement. United States National Student Association, 1967, 162 pp.

Huxley, A. The Doors of Perception. New York: Harper Colophone Books, 1954.

James, W. On Psychical Research. New York: Viking, 1960.

Johnson, D. C. Indian Hemp: A Social Menace. London: C. Johnson, 1952.

Johnson, G. The Pill Conspiracy. Los Angeles, California: Sherbourne Press, 1967, 244 pp.

Kalant, O. J. The Amphetamines. Springfield, Illinois: Charles C. Thomas, 1966, 151 pp.

Kavaler, L. Mushrooms, Molds, and Miracles. New York: John Day, 1965, 318 pp.

Kluver, H. Mescal and Mechanisms of Hallucinations. Chicago: University of Chicago Press, 1966, 108 pp.

Kolb, L. Drug Addiction. Springfield, Illinois: Charles C. Thomas, 1962, 183 pp.

Leary, T., et al. The Psychedelic Experience. New Hyde Park, New York: University Books, 1964.

______. *The Psychedelic Reader.* New Hyde Park, New York: University Books, 1965.

Lewin, L. *Phantastica Narcotic and Stimulating Drugs.* New York: Dutton, 1964, 335 pp.

Lindesmith, A. R. *The Addict and the Law.* Bloomington, Indiana: Indiana University Press, 1965, 337 pp.

______. *Drug Addiction: Crime or Disease?* Bloomington, Indiana: Indiana University Press, 1961, 173 pp. Interim and Final Reports of the Joint Committee of the American Bar Association and the American Medical Association on Narcotic Drugs.

______. *Opiate Addiction.* Bloomington, Indiana: Principia Press, 1947, 238 pp.

Livingston, R. B. *Narcotic Drug Addiction Problems.* Washington, D. C.: Department of Health, Education, and Welfare, 1960, 212 pp.

Louria, D. *Nightmare Drugs.* New York: Pocket Books, 1966.

Masters, R. E. L., and Houston, J. *The Varieties of Psychedelic Experience.* New York: Holt, Rinehart and Winston, 1966, 326 pp.

Maurer, D. W., and Vogel, V. H. *Narcotics and Narcotic Addiction.* (3rd edition), Springfield, Illinois: Charles C. Thomas, 1967, 411 pp.

Mills, J. *The Panic in Needle Park.* New York: Farrar, Straus and Giroux, 1966, 212 pp.

Modell, W., and Lansing, A. *Drugs.* New York: Time, 1967, 200 pp.

Murton, T. (ed.). *Law Enforcement and Dangerous Drug Abuse.* Berkeley: Regents of the University of California, 1966, 597 pp.

O'Donnell, J. A. (ed.). *Narcotic Addiction.* New York: Harper and Row, 1966.

Podolsky, E. *Management of Addictions*. New York: Philosophical Library, 1955, 413 pp.

Pollard, J. E., Uhr, L., and Stern, E. *Drugs and Fantasy , The Effects of LSD, Psilocybin and Sernyl on College Students*.

Roseman, B. *The Peyote Story*. Hollywood, California: Wilshire Book Co., 1966.

______. *LSD: The Age of Mind*. Hollywood, California: Wilshire Book Co., 1966.

Rosevear, J. *Pot: A Handbook of Marihuana*. New York: University Books, 1967, 160 pp.

Ross, N. P. (ed.). *The Drug Takers*. Time, 1965, 128 pp.

Siragusa, Charles. *The Trail of the Poppy (Behind the Mask of the Mafia)*. Englewood Cliffs, New Jersey: Prentice-Hall, 1966, 235 pp.

Smith, H. A. (ed.). *Proceedings of the Conference on Drug Abuse, April 6, 1966*. University of Mississippi: Continuation Center, 1966, 61 pp.

Smith, W., and Olson, E. *The Menace of Pep Pills*. Chicago: Camerarts Publishing, 1965, 128 pp.

Solomon, D. *LSD: The Consciousness-Expanding Drug*. New York: G. P. Putnam's Sons, 1966, 268 pp.

______. *The Marihuana Papers*. New York: Bobbs-Merrill, 1966.

Stafford, P., *et al*. *LSD: The Problem Solving Psychedelic*. New York: Award Books, 1967.

Street, L. *I Was A Drug Addict*. New York: Random House, Inc., 1953.

Taylor, N. *Narcotics: Nature's Dangerous Gifts*. (revised edition of *Flight from Reality*), New York: Dell Publishing Company, 1966, 222 pp.

Uhr, L., and Miller, J. G. *Drugs and Behavior*. New York: John Wiley and Sons, 1960, 676 pp.

Usdin, E., and Efron, D. H. *Psychotropic Drugs and Related Compounds*. Washington, D. C.: Department of Health, Education, and Welfare, 1967, 365 pp.

Wakefield, D. *The Addict*. Greenwich, Connecticut: Fawcett Publications, 1963, 191 pp.

Williams, H. S. *Drugs Against Men*. New York: Robert M. McBride, 1935, 184 pp.

Wilner, D. M., and Kassebaum, G. G. (ed.). *Narcotics*. New York: McGraw-Hill Book, 1965.

Wolstenholme, G. E. W., and Knight, J. (ed.). *Hashish: Its Chemistry and Pharmacology*. Boston: Little, Brown and Co., 1965.

Young, R., and Hixson, J. R. *LSD on Campus*. New York: Dell Publishing, 1966, 192 pp.

_______. *Comments on Narcotic Drugs*. Washington, D. C.: U. S. Printing Office, July 3, 1958, 186 pp. Interim Report of the Joint Committee of the American Bar Association and the American Medical Association on Narcotic Drugs, U. S. Treasury Department, Bureau of Narcotics.

_______. *Commission on Narcotic Drugs—Economic and Social Council—National Laws and Regulations Relating to the Control of Narcotic Drugs*. Geneva, 1961, 101 pp.

_______. *Committee on Problems of Drug Dependence*. Washington, D. C.: National Academy of Sciences, 1967, pp. 4786-5218.

_______. *Drug Addiction among Adolescents*. New York: Blakiston, 1953, 320 pp. Conferences on Drug Addiction among Adolescents.

_______. *Organized Crime and Illicit Traffic in Narcotics*. U. S. Senate: Permanent Subcommittee on Investigations of the Committee on Government Operations, Part I, 1963, 396 pp.; Part II, 1963, 625 pp.; Part III, 1964, 863 pp.; Part IV, 1964, 1147 pp., and Part V, 1964, 1371 pp.

_______. Proceedings White House Conference on Narcotics and Drug Abuse. Washington, D. C.: September 27 and 28, State Department Auditorium, 1963, 330 pp.

_______. Report of the President's Commission on Crime in the District of Columbia. Washington, D. C.: U. S. Government Printing Office, 1966, 1041 pp.

_______. Report of the President's Commission on Crime in the District of Columbia—Appendix. Washington, D. C.: U. S. Printing Office, 1966, 777 pp.

_______. Sedative and Hypnotic Drugs. Miles Laboratory. Baltimore: William & Wilkins, 1954, 111 pp.

_______. Task Force Report: Narcotics and Drug Abuse. Washington, D. C.: U. S. Printing Office, 1967, 158 pp.

_______. The Marihuana Problem in the City of New York. Mayor's Committee on Marihuana. Lancaster, Pennsylvania: Jaques Cattell Press, 1944.

_______. The Narcotic Rehabilitation Act of 1966. Hearings before Special Subcommittee of the Committee on the Judiciary, United States Senate, 89th Congress. Washington, D. C.: U. S. Printing Office, 1966, 616 pp.

_______. The President's Advisory Commission on Narcotic and Drug Abuse—Final Report. Washington, D. C.: U. S. Government Printing Office, November, 1963, 123 pp.

B. AUTHORED PAMPHLETS AND BOOKLETS

Blakeslee, A. L. Alcoholism—A Sickness That Can Be Beaten. New York: Public Affairs Committee, May, 1966, 28 pp.

Brown, E. Prevention of Substance Addictions on a City Block. Lower Eastside Information and Service Center for Narcotics Addictions, November 15, 1967, 59 pp.

Fogel, S. H. *Runningawayness.* Washington, D. C.: Food and Drug Administration, U. S. Department of Health, Education, and Welfare, February, 1967, 19 pp.

Holmes, S. G. *Dependent Man and Some of His Crutches.* Ontario, Canada: Alcoholism and Drug Addiction Research Foundation, 1967, 60 pp.

Vogel, V. H. and Vogel, V. E. *Facts about Narcotics and Other Dangerous Drugs.* Chicago: Science Research Associates, 1967, 56 pp.

Winick, C. *The Narcotic Addiction Problems.* New York: American Social Health Association, (n.d.), 22 pp.

_______, and Goldstein, J. *The Glue Sniffing Problem.* New York: American Social Health Association, (n.d.), 23 pp.

Yahraes, H. *Narcotic Drug Addiction.* Washington, D. C.: National Institute of Mental Health, Department of Health, Education, and Welfare, (n.d.), 22 pp.

C. ANONYMOUS PAMPHLETS AND BOOKLETS

Barbiturates As Addicting Drugs. Washington, D. C.: U. S. Department of Health, Education and Welfare, 1965, 5 pp.

BDAC Fact Sheets. Washington, D. C.: Food and Drug Administration, (n.d.).

California Faces the Drug Abuse Problem. California: State of California Interdepartmental Committee on Narcotics, (n.d.), 6 pp.

Drug Abuse Control 1965 Amendments. Smith, Kline, and French Laboratories, 1965, 35 pp. International Narcotic Enforcement Officers Association, Inc., Sixth Annual Conference.

Drug Abuse and Self-Medication. Boston: Massachusetts State Pharmaceutical Association, 1966, 6 pp.

Drug Abuse: A Primer for Parents. Washington, D. C.: National Education Association, (n.d.), 4 pp.

Drug Abuse Products Reference Chart. Philadelphia: Smith, Kline, and French Laboratories, (n.d.), 4 pp.

Drug Abuse: The Empty Life. Philadelphia: Smith, Kline, and French Laboratories, 1965, 10 pp.

Drug Addiction—The Second Report of the Interdepartmental Committee. London, England: Ministry of Health, 1965, 14 pp.

Facts about Narcotic Drug Addiction. Bethesda, Maryland: Public Information Section, National Institute of Mental Health, 1965, 4 pp.

Hooked. Washington, D. C.: National Institute of Mental Health, Publication #1610, 1967, 31 pp.

Information for Law Enforcement Agencies. Washington, D. C.: Bureau of Drug Abuse Control, FDA, July 21, 1966, 4 pp.

It's Best to Know. Ontario, Canada: Alcoholism and Drug Addiction Research Foundation, 1961, 31 pp.

Living Death—The Truth About Drug Addiction. Washington, D. C.: U. S. Treasury Department, Bureau of Narcotics, 1965, 4 pp.

LSD: The Mind Drug. Rochester, New York: Allied Forces, Inc., 1967, 2 pp.

Man and Chemical Comforts. Ontario, Canada: Alcoholism and Drug Addiction Research Foundation, 1964, 31 pp.

Marihuana Awareness Wafer for Educational Purposes. San Diego, California: Winston Products, (n.d.).

Medicinal Narcotics: Facts on Benefits and Controls. Washington, D. C.: Pharmaceutical Manufacturers Association, 1965, 14 pp.

Medicines and How to Use Them. Chicago, Illinois: American Medical Association, 1964, 4 pp.

Miscellaneous Publications. Rochester, New York: Allied Forces, (n.d.).

Narcotic Addiction and the Law in New York State. Albany, New York: Narcotic Addiction Control Commission, 1966, 22 pp.

Narcotic Addiction: New York State's Total Approach. Albany, New York: Narcotic Addiction Control Commission, (n.d.), 4 pp.

Outline on Drug Abuse. Washington, D. C.: Bureau of Drug Abuse Control, FDA, October 1, 1966, 7 pp.

Prescribing and Dispensing Narcotic and Harmful Drugs. Boston: Massachusetts State Pharmaceutical Association, 1966, 13 pp.

Prevention and Control of Narcotic Addiction. Washington, D. C.: U. S. Treasury Department, Bureau of Narcotics, 1966, 32 pp.

Rehabilitation in Drug Addiction. Washington, D. C.: National Institutes of Health, U. S. Department of Health, Education, and Welfare, May 1963, 48 pp.
A Report on a Five-Year Community Experiment of the New York Demonstration Center.

The Menace of Narcotics. Albany, New York: New York State Narcotic Addiction Control Commission, 1966, 4 pp.

The Protection of Human Life. Washington, D. C.: Food and Drug Administration, 1967, 4 pp.

What You Should Know about Drug Addiction. City of New York, New York: Department of Health, 1965, 10 pp., (also in Spanish).

War on Crime and Narcotics Addiction. Albany, New York: New York State Narcotic Addiction Control Commission, February, 1966, p. 8.

D. SCHOOL SYLLABUSES

Bruno, L. *State of Washington Elementary Health Education Guide to Better Health*. Washington: State Office of Public Instruction, 1966, 221 pp.

______. *State of Washington Health Education Guide to Better Health*. Washington: State Office of Public Instruction, 1966, pp. 161-175.

Christian, F. T. *Alcohol . . . Narcotics Education*. A Handbook for Teachers. Tallahassee, Florida: State Department of Education, 1967, 95 pp.

Hansen, C. F. *Curriculum Resource Bulletin for Jr. High Schools.* "Health and Family Life Education, Junior High Schools." Washington, D. C., 1964, pp. 52-66.

______. *Curriculum Resource Bulletin for Jr. High Schools.* "A One-Year Course for Grade Eight Pupils." Washington, D. C., 1962, pp. 119-123.

Kitzinger, A., and Hill, P. J. *Drug Abuse—A Source Book and Guide for Teachers*. California: California State Department of Education, 1967, 131 pp.

Levy, M. R. (ed.). *Drug Abuse—A Reference for Teachers*. New Jersey State Department of Education, 1967, 65 pp.

McComb, P. (ed.). *A Guide for Instruction in Health and Safety, Grades 7-12*. Minnesota: State of Minnesota, Department of Education, 1965, p. 164.

Parris, W. A. *Drugs, Marihuana and LSD*. Washington, E. C.: Department of Health, Physical Education, Athletics and Safety, July 5, 1967, 3 pp.

Sliepcevich, E. M. *School Health Education Study—A Summary Report*. Washington, D. C.: School Health Education Study, 1967, 74 pp.

______. Health Education—A Conceptual Approach to Curriculum Design. Washington, D. C.: School Health Education, 1967, 141 pp.

Spinazzola, A. Drug Abuse—A Health Teacher's Manual. East Brunswick, New Jersey: East Brunswick High School, (n.d.), 80 pp.

______. College Drug Abuse Programs. A Guide for Student Action. Philadelphia: Smith, Kline, and French Laboratories, 1967, looseleaf.

______. Drug Abuse: Escape to Nowhere. A Guide for Educators. Washington, D. C.: Smith, Kline, and French Laboratories, National Education Association, 1967, 104 pp.

______. Health Curriculum Materials for Grades 4, 5, 6, Strand II, Sociological Health Problems, Alcohol—Drugs—Smoking. New York: The University of the State of New York/State Education Department, p. 58; Grades, 7, 8, 9, p. 91; and Grades 10, 11, 12, p. 104.

E. SERIAL PUBLICATIONS (Journals, Bulletins, Annual Reports)

Addictions. Toronto, Ontario, Canada, 24 Harbord Street: Alcoholism and Drug Addiction Research Foundation of Ontario, published quarterly.

Attack on Narcotic Addiction and Drug Abuse. Albany, New York: New York State Narcotic Addiction Control Commission, first issue October 1967.

BDAC: A Review, Annual Report of the Bureau of Drug Abuse Control. Washington, D. C.: Food and Drug Administration.

BDAC Bulletin. Washington, D. C.: Bureau of Drug Abuse Control, Food and Drug Administration, Department of Health, Education, and Welfare.

Bulletin on Narcotics. United Nations, New York: Department of Economic and Social Affairs, Division of Narcotic Drugs.

Drug Dependence and Abuse Notes. Washington, D. C.: National Clearinghouse for Mental Health Information, National Institute of Mental Health (in cooperation with the American Social Health Association), Department of Health, Education and Welfare.

Expert Committee on Drugs Liable to Produce Addiction. Geneva, Switzerland: World Health Organization.

International Journal of the Addictions. New York, New York, 680 West End Avenue: The Institute for the Study of Drug Addiction, published semi-annually, first issued January, 1966.

Psychopharmacology Bulletin. Washington, D. C.: National Clearinghouse for Mental Health Information, National Institute of Mental Health, Department of Health, Education and Welfare.

Traffic in Opium and Other Dangerous Drugs. Washington, D. C.: Annual Report of the Bureau of Narcotics, U. S. Treasury Department.

F. JOURNAL ARTICLES

Abramson, H. A. "LSD Spelled Out," *Mademoiselle*, (January, 1967), p. 53.

Baker, E. F. W. "What is LSD Really Like?" *Health Magazine*, (April, 1967), pp. 14-15 and 25.

Barran, F., Jarvik, M. E., and Bunnell, S. "The Hallucinogenic Drugs," *Scientific American*, (April, 1964), pp. 29-37.

Berg, R. H. "Why Americans Hide Behind a Chemical Curtain," *Look*, (August 8, 1967), pp. 11-28.

Bleibtreu, J. N. "LSD and the Third Eye," *Atlantic Monthly*, (September, 1966), pp. 64-69.

Bouquet, R. J. "Cannabis," *Bulletin on Narcotics*, (1951), pp. 14-30.

Brill, H., and Larimore, G. W. "Second On-Site Study of the British Narcotic System," *New York State Narcotic Addiction Control Commission*, (June, 1967), pp. 1-14.

Camelon, D. "The Devil's Capsules," *Journal-American*, (December 11, 1949), 2 pp.

Carner, C. "Surprise Inside: Strange Effects of Drugs," *Today's Health*, (April, 1967), pp. 56-59 and 72.

Chalmers, R. K. "The Pharmacist's Role in Drug Abuse Education," *APhA Journal*, (January, 1968), pp. 30-34.

Cocteau, J. "Poppy of Perdition," *MD*, (June, 1965), pp. 306-313.

Cohen, A. Y. "Acid Is Not As Advertised," *American Red Cross Journal*, (December, 1967), pp. 18-19.

Cohen, S. "Suicide Following Morning Glory Seed Ingestion," *American Journal of Psychiatry*, (August, 1966), pp. 8-10.

Cole, J. O., and Katz, M. M. "The Psychotomimetic Drugs," *JAMA*, (March 7, 1964), pp. 182-185.

Connolly, V. "Lethal Lullaby," *Collier's*, (October, 19, 1946), pp. 86, 95-97.

Cron, T. O. "The Uppies, The Downies and LSD," *American Red Cross Journal*, (December, 1967), pp. 14-17.

Dalrymple, W. "A Doctor Speaks of Marihuana and Other Drugs," *Journal of the American College Health Association*, (February, 1966), p. 218.

David, M. "The Glue Sniffers," *RN*, (October, 1965), pp. 83-85, 121.

Downing, J. "Something's Happening," *Medical Opinion and Review*, (September, 1967), pp. 100-106.

Dukelow, D. A. "Barbiturates, Booze and Obituaries," *Today's Health*, (March, 1953), 3 pp.

Eddy, N. B., Halbach, H., Isbell, H., and Seevers, M. H. "Drug Dependence: Its Significance and Characteristics," *Bulletin of the World Health Organization*, (1965), pp. 721-733.

Eddy, N. B. "The Phenomena of Drug Dependence and Drug Abuse," American Journal of Hospital Pharmacy, (March, 1965), pp. 131-153.

______. "—On Marihuana, Drugs and Youth," News Report, (December, 1967), p. 5.

Essig, C. F. "Clinical Aspects of Barbiturate and Sedative Drug Abuse," American Journal of Hospital Pharmacy, (March, 1965), pp. 140-143.

Forney, R. B., and Hughes, F. W. "Alcohol + Drugs," Traffic Safety Magazine, (June, 1967), pp. 23-24, 34-36.

Fort, J. "The Problem of Barbiturates in the U.S.A.," Bulletin on Narcotics, (1964), pp. 17-35.

Galton, L. "Harmless Sleeping Pills," Cosmopolitan, (December, 1951), pp. 75, 122-123.

Gerrity, J. "The Truth About the Drug Menace," Harper's, (February, 1952), pp. 27-31.

Gillie, A. "The Chemistry and Sociology of LSD," Naturalism, (April 11, 1966), 8 pp.

Ginsberg, A. "The Great Marihuana Hoax," Atlantic, (November, 1966), p. 104.

Giordano, H. L. "Narcotic Tools of Addiction . . . of Control," American Professional Phamacist, (June, 1967), pp. 30-35.

Goddard, J. L. "The Menace of Drug Abuse," American Education, (May, 1966), 4 pp.

Goldstein, S. "Drugs on the Campus," Saturday Evening Post, (June 4, 1966), pp. 40-62.

Grafton, S. "Our New Drug Addicts," McCall's, (April, 1965), pp. 112-113, 166-167.

Griffenhagen, George B. "A History of Drug Abuse," APhA Journal, (January, 1968), pp. 16-21, 36-37.

Jones, W. "Hallucinogenic Drugs: Collision of Values," *Yale Alumni Magazine*, (November, 1967), pp. 18-25.

Keeler, M. H. "Adverse Reaction to Marihuana," *American Journal of Psychiatry*, (November 5, 1967), pp. 674-677.

Kleber, H. D. "Prolonged Adverse Reactions from Unsupervised Use of Hallucinogenic Drugs," *Journal of Nervous and Mental Disease*, (1967), pp. 308-319.

Kleeman, R. H. "Sleeping Pills Aren't Candy," *Saturday Evening Post*, (February 24, 1945), pp. 17, 85-86.

Kleps, A. J., and Miles, R. E. "Danger! With LSD I Saw God," *Pageant*, (August, 1966), p. 58.

Kramer, J. C., Fischman, V. S., and Littlefield, D. C. "Amphetamine Abuse," *JAMA*, (July 31, 1967), pp. 89-93.

Leary, T. "Beyond LSD: The Latest in Psychedelic 'Trips'," *Pageant*, (December, 1966), pp. 26-47.

_______. "An Impolite Interview with Timothy Leary," *The Realist*, (September, 1966), p. 93.

_______. "Playboy interview," *Playboy*, (September, 1966), p. 93.

Levine, J. and Ludwig, A. "The LSD Controversy," *Comprehensive Psychiatry*, (October, 1964), pp. 314-321.

Long, Richard E., and Penna, Richard P. "Drugs of Abuse," *APhA Journal*, (January, 1968), pp. 12-14, 22-27.

Martin, W. R. "Some Clinical Aspects of Addiction to Narcotic Analgesics," *American Journal of Hospital Pharmacy*, (March, 1965), pp. 133-139.

Masters, R. E. L. "Sex, Ecstasy and the Psychedelic Drugs," *Playboy*, (November, 1967), p. 8.

Mills, J. "The World of Needle Park," *Life*, (February 26 and March 5, 1965), p. 29.

McMillan, C. E. "Psychedelic Drugs—A Quaker Speaks," *The War Cry*, (November 25, 1967), pp. 1, 4-5, 14.

Murphy, H. B. M. "The Cannabis Habit: A Review of Recent Psychiatric Literature," *Bulletin on Narcotics*, (January-March, 1963), pp. 155-223.

Osnos, R. "A Community Counseling Center for Addicts," *Nursing Outlook*, (November, 1965), 3 pp.

Parham, R. A. "Auburn's 'Drugs on Campus' Project," *APhA Journal*, (July, 1967), p. 392.

Plumb, J. H. "A Drug Is a Drink Is a Smoke," *Saturday Review*, (May 27, 1967).

Pollard, J. C. "Teen-agers and the Use of Drugs: Reflections on the Emotional Setting," *Clinical Pediatrics*, (November, 1967), pp. 613-620.

Ramirez, E. "Drug Addiction Can Be Cured," *Inside Health*, (April 21, 1967).

Rehling, C. J. "Drugs and the Driver," *Traffic Safety Magazine*, (n.d.).

Rosenthal, T., Patrick, S. W., and Krug, D. C. "Congenital Neonatal Narcotics Addiction: A Natural History," *American Journal of Public Health*, (August, 1964), pp. 1252-1262.

Sanford, D. "Pot Bust at Cornell," *New Republic*, (April 15, 1967).

______. "Risks of Marihuana," *New Republic*, (April 22, 1967), p. 11.

______. "The Indecent Society," *New Republic*, (May 15, 1967), p. 3.

______. "Keep Off the Grass," *New Republic*, (June 17, 1967).

_______. "While You Weren't Looking," New Republic, (July 8, 1967), p. 7.

Sauer, L. W. "The Dangers of the Drug Called LSD," The PTA Magazine, (September, 1966), pp. 31-33.

Scigliano, J. A. "Psychotomimetic Agents," APhA Journal, (January, 1968), pp. 28-29.

Seeman, B. "Sleep for Sale," Today's Health, (September, 1964), pp. 23, 68-72.

Shearer, L. "Why They Smoke Pot," Parade, (June 4, 1967), pp. 9-11.

Smith, J. P. "LSD: The False Illusion," FDA Papers, (July and August, 1967), 9 pp.

Sonnedecker, G. "Emergence of the Concept of Opiate Addiction," Journal Mondial de Pharmacie, (1962), pp. 275-290 and (1963), pp. 27-34.

Taylor, S. D., Wilburn, M., and Osnos, R. "The Wives of Drug Addicts," American Journal of Psychiatry, (November 5, 1966), pp. 585-591.

Unger, S. M. "Mescaline, LSD, Psilocybin and Personality Change," Psychiatry: Journal for the Study of Interpersonal Processes, (May, 1963), pp. 111-125.

Verhulst, H. L. "Glue-Sniffing," Bulletin of the National Clearinghouse for Poison Control Centers, (February-March, 1962 and July-August, 1964), pp. 7,8.

_______. "The 'Kick' Hang-Up," Bulletin of the National Clearinghouse for Poison Control Centers, (November-December, 1967), p. 6.

Wainwright, L. "The Exploding Threat of the Mind Drug That Got Out of Control—LSD," Life, (March 25, 1966), pp. 27-33.

Werble, W. (ed.). "Furor Created by FDA Head," Medical Research Digest, (1967), p. 6.

Wilbur, M., and Connor, T. "Intensive Casework with Drug Addicts," Case Conference, (April, 1966), pp. 338-344.

Wilkinson, N. "The Pill That Can Kill Sports," True, (March, 1958), pp. 44-47.

Willard, N. "A Hard Look at Drugs," World Health, (July, 1967), p. 39.

Williams, R. L. "To Sleep: Perchance . . . ," Life, (October 13, 1952), pp. 105-118.

Winick, C. "The Life Cycle of the Narcotic Addict and of Addiction," UN Bulletin on Narcotics, (January-March, 1964), pp. 1-11.

______. "Drug Addiction: Sociolegal Aspects," Encyclopaedia Britannica, (1965), pp. 703, 704.

______. "Drug Addiction and Crime," Current History, (June, 1967), pp. 349-354.

______, and Bynder, H. "Facilities for Treatment and Rehabilitation of Narcotic Drug Users and Addicts," American Journal of Public Health, (June, 1967), pp. 1025-1033.

Wylie, E. "Attack on Drug Abuse," Pharmacy News, (July/August, 1967), p. 4.

______. "Drugs of Abuse," FDA Papers, (July-August, 1967), 8 pp.

______. "Hippie Health Clinic," Roche Medical Image, (October, 1967), pp. 22-25.

______. "How Pills Peril Your Driving," Traffic Safety, (Winter, 1966), pp. 24-27.

______. "LSD," Time, (June 17, 1966), pp. 30-31.

______. "LSD Alarums and Excursions," Medical Newsmagazine, (September, 1966), pp. 111-114.

______. "LSD—Weapon of Destruction," The Herald of Freedom, (August 12, 1966 and March 24, 1967), 4 pp.

______. "The Hallucinogenic Drugs," The Pharmaceutical Journal, (January 12, 1963), pp. 25-28.

______. "The Marijuana Problem," Newsweek, (July 24, 1967), pp. 46-52.

G. FILMS

Bennies and Goofballs (National Medical Audiovisual Center, Chamblee, Georgia 30005)
. . . A special report by the Food and Drug Administration on abuse of amphetamines and barbiturates. (20 minutes) Excellent technical data, good effectiveness in reaching desired audience but poor dramatic impact. Rated best for senior high school students, teachers and public. Average rating when compared with other films. Criticized as being heavy on legal aspects.

Beyond LSD (Film Associates, 11559 Santa Monica Boulevard, Los Angeles, California 90025)
. . . Describes the communication gap between two generations—teen-agers and young adults on one hand and the generation of those over thirty—"the establishment." The teen-agers' use of LSD and other drugs is only one of the symptoms of this communication gap. In this film, a group of parents desperately seek help in order to understand what has gone wrong in their relationships with their teenagers. (25 minutes)
Clearly, the viewers found this film to be good in accuracy of technical data presented and effectiveness in reaching desired audience, but they were divided when it came to judging dramatic impact. Most found it designed for the "average" lay public (several noted parents, too), with teachers and health educators second. The majority rated it average when compared with others on a similar subject. The musical score was specifically commended.

Drug Addiction (Encyclopaedia Britannica Films, 38 West 32nd Street, New York, New York 10017)
. . . A film provided by the Encyclopaedia Britannica Educational Corporation, New York City. (22 minutes) Fair to good technical accuracy, but poor effectiveness in reaching desired audience and poor dramatic impact. Best for junior and senior high school students, but suffers from being badly outdated.

Drugs and the Nervous System (Churchill Films, 66 North Robertson Boulevard, Los Angeles, California 90069)
. . . The film explains how drugs affect many different parts of the body by working indirectly on the nervous system. It is designed to reach children at an age before many of them, it is hoped, have begun to experiment with drugs. (18 minutes)

Excellent technical accuracy, excellent effectiveness in reaching the desired audience and from good to excellent dramatic impact. Rated best for junior and senior high school students, but also rated good for elementary school students, college students, teachers and the lay public. Above average when compared with other films. Described as being "good for science classes" and "will provoke discussion." Animation reported as excellent.

False Friends (Sound Services, Limited, 269 Kingston Road, Merton Park, London, S. W. 19, England)
. . . Drug dependence is the subject of this color cartoon produced for WHO in London by G. Bucklandsmith of Interfilm in association with the Film Producers' Guild. The story is told in words and pictures. (10 minutes)

Fair to good technical accuracy, but only fair effectiveness in reaching the desired audience and fair in dramatic impact. Rated best for public but only average when compared with other similar films. Technics described as "interesting" and art as "unique" but generally not considered applicable for showing in USA.

Fight or Flight (International Association of Chiefs of Police, 1319 18th Street N. W., Washington, D. C.)
. . . Film produced by IACP in cooperation with the Federal Bureau of Narcotics on the uses of marihuana, LSD and "pills." (16 minutes)

Good technical accuracy, but only fair dramatic impact and from fair to good effectiveness in reaching the desired audience. Rated best for junior and senior high school students. Average to above average when compared with other films on similar subjects. Candid interviews best, but narration considered by some to be overdone. The auto accident scene considered most controversial.

Hide and Seek (Center for Mass Communication of Columbia University Press, 440 West 110th Street, New York, New York, 10025)
. . . This is a boy's personal story of his life as an addict. Starting with his initiation to drugs, the film follows his steady mental and physical deterioration. What clearly emerges is the boy's remorse, his insurmountable loneliness and extreme anguish. He talks constantly about the things he's lost through addiction. (14 minutes)

Good technical accuracy, good effectiveness in reaching the desired audience and good dramatic effect. Rated best for junior and senior high school students, teachers and lay public. Average to above average when compared with other films. Effects of hard narcotics well portrayed, but sequence of scenes considered disconnected and too contrived.

Hooked (Churchill Films, 662 North Robertson Boulevard, Los Angeles, California 90059)

. . . This is a description of the experience of drug addiction told in the words of young (age 18-25) former addicts. They talk with amazing candor about what impelled them to become addicted, how it affected their relationship with others and their perception of themselves and the aversion and disgust with which they regard the experience in retrospect. (20 minutes)

Fair to excellent rating on technical accuracy; good to excellent rating for effectiveness in reaching desired audience and in dramatic impact. Best for junior and senior high school students, but also useful for teachers and lay public. Average to above average when compared with other films. All characters in the film were reported to be excellent.

LSD-25 (Professional Arts, Inc., P. O. Box 8484, Universal City, California 91608)

. . . LSD-25 is a documentary designed to convey the facts about LSD to the growing audiences concerned about the drug scene and its impact upon youth. (27 minutes)

Good to excellent technical accuracy and effectiveness in reaching the desired audience and excellent in dramatic impact. Rated best for senior high school students, college students, teachers and even for members of the health professions. Every critic rated it above average when compared with other films on same subject. The LSD "trip" and the "hippie" treatment center considered best scenes, but several thought film might be too technical for high school students.

LSD (Audiovisual Branch, United States Navy, Pentagon, Washington, D. C.)

. . . A lecture-type film developed by the Surgeon General's Office, U. S. Navy, which has received wide acclaim, even in the Congressional Record. (28 minutes)

Good to excellent technical accuracy and effectiveness in reaching desired audience, but mixed reaction was given to dramatic effect. While many critics felt that the film is an excellent example of how one man can effectively cover a subject without props, others became bored with the lecture technique.Rated best for senior high school students, college students and teachers; also rated above average when compared with other films on the same subject.

LSD: Insight or Insanity (Bailey Films, 6509 De Longpre Avenue, Hollywood, California 90028)

. . . This film documents the dangers in the unsupervised use of LSD, explains what medical science knows of the physiologic actions of LSD and counteracts a few of the erroneous claims made for the use of LSD. (26 minutes)

Good to excellent technical accuracy, effectiveness in reaching the desired audience and in dramatic impact. Rated best for senior high school students and college students and above average when compared with other films on same subject. Excellent soundtrack. Chromosome damage scene rated best; Russian roulette scene was most controversial.

LSD Trip—or Trap! (Sid Davis Productions, 2429 Ocean Boulevard, Santa Monica, California 90405)

. . . Two teen-age boys, Bob and Chuck, both 17, have many interests in common and enjoy each other's company. But when another boy, Frank, tries to introduce them to LSD, they disagree. While Chuck lets himself be persuaded to join Frank's acidheads, Bob decides to find out the truth about the notorious drug for himself. What he learns is disturbing to him and he realizes that he must warn his friend, who by now is firmly ensconced with Frank's crowd and already has taken several "trips." Bob puts his findings and feelings in a letter but on his way to mail it, Bob comes upon a grisly accident. Chuck has had a shattering recurrence of the LSD effects while driving, lost control of his car and rammed head-on into another car. Chuck is dead. (20 minutes)

Most viewers found this one good in accuracy of technical data presented and excellent in effectiveness in reaching the desired audience and in dramatic impact. The audience was seen best as senior high school students with college students next. It was considered above average in rating with films on similar subjects.

Marijuana (Bailey Films, 6509 Delongpre Avenue, Hollywood, California 90028)

. . . A pot party is interrupted by police . . . screaming, protesting teen-agers are caught and they speak out. A teen-age idol (Sonny Bond) provokes the teen-agers to think for themselves. Makes no moral judgments; it simply examines the facts about marijuana. (34 minutes)

Clearly designed for audience intended—junior and senior high school students—and judged good in all three categories of accuracy of technical data, effectiveness in reaching desired audience and dramatic impact. Film was rated above average compared to others on similar subject. Viewers found film had good possibilities, a little too much along the lines of a lecture but one of the best on the subject seen yet.

Mind Benders (National Medical Audiovisual Center, Chamblee, Georgia 30005)

. . . Mind benders explores the potential therapeutic uses and the known hazards of LSD and other hallucinogens as well as some of the motivations of abusers. Outstanding medical authorities and users of the drugs appear in this FDA documentary. (26 minutes)

Excellent technically; good to excellent effectiveness in reaching desired audience; good to excellent dramatic impact. Rated best for senior high school students, college students, teachers and "learned" lay public. Well above average of films on similar subject. Many liked the dialogue with "users" best. Described as "most objective film on subject" but criticized for inclusion of "government propaganda."

Narcotics—The Inside Story (Charles Cahill and Associates, Inc., P. O. Box 3220, Hollywood, California 90028)

. . . This film is designed to acquaint junior and senior high school students with the positive applications of narcotics and drugs when administered by doctors for medical purposes. The inside story is that experimenting with drugs and narcotics can seriously—even permanently—upset the central nervous system. (12 minutes)

Poor to good accuracy of technical data, mixed reaction to effectiveness in reaching the desired audience and in dramatic impact. Rated best for junior and senior high school students, but below average to average when compared with similar films. Main criticism is that film offers a superficial message and a poor classification of drugs of abuse.

Narcotics: A Challenge (The Narcotic Educational Foundation of America, 5055 Sunset Boulevard, Los Angeles, California 90027)

. . . Narrated by Lowell Thomas, film provides basic information about narcotics and other drugs of abuse. The film challenges educators to combat student drug abuse by presenting young people with the facts about drug experimentation. (24 minutes)

Rated good in accuracy of technical data presented and poor to good in effectiveness in reaching the desired audience and dramatic impact. Considered best designed for teachers and health educators, junior and senior high school students and average public. Listed below average in rating with others on similar subject.

Narcotics: Pit of Despair (Film Distributors International, 2223 S. Olive, Los Angeles, California 90007)

. . . Designed to teach youngsters the perils of narcotics addiction. It shows how inexperienced young people are led to seek refuge in tobacco, alcohol, barbiturates. Then malignant companions, masquerading as true friends, introduce marihuana and opiates. (25 minutes)

Fair to good accuracy in technical data, effectiveness in reaching the desired audience and in dramatic impact. Rated best for senior high school students and lay public. Below average to average when compared with other similar films. Withdrawal scene considered excellent, but critics consider film to be "unbelievable" and a "hard sell approach."

Narcotics—Why Not (Charles Cahill and Associates, Inc., P. O. Box 3220, Hollywood, California 90028) . . . Sixteen male and female residents of the California Rehabilitation Center relate how they were introduced to pills, glue, marihuana and heroin—what it was like—and the hopes they hold for the future. (15 minutes)

Good technical accuracy, fair to good effectiveness in reaching the desired audience and fair to excellent dramatic impact. Rated best for senior high school students, teachers and lay public. Average to above average when compared with similar films. Interviews with addicts good, but too many covered in too brief a period.

Seduction of the Innocent (Sid Davis Productions, 2429 Ocean Park Boulevard, Santa Monica, California 90405) . . . A short film dealing with an ever-increasing menace to our youth. It is a story of two young people, a boy and a girl, who, through a need to belong and a desire to go along with the group and its youthful zest to try something new, begin a one-way journey to self-destruction. (10 minutes)

Fair to good accuracy of technical data, but widely mixed reactions to effectiveness in reaching the desired audience and in dramatic impact; some felt that the film was poor in this respect, but others rated it excellent. Senior high school students were considered to be the best audience, along with college students. Scenes of the withdrawal effects good, but overall film considered to be over-dramatic.

The Addicted (Association Films, Inc., 600 Grand Avenue, Ridgefield, New Jersey 07657) . . . A film in two parts on drug addiction. (50 minutes)

No critiques provided by viewers.

The Agents of Drug Abuse (Penelope Films, Inc., 1440 Clay Street, San Francisco, California 94109) . . . A review of all drugs of abuse, discussing levels of abuse, effects, legal consequences and penalties pertaining to the various agents of drug abuse. (38 minutes)

This film was considered good in accuracy of technical data but only fair in both effectiveness in reaching the desired audience and in dramatic effect. Most viewers found it best designed for teachers and health educators. Viewers rated it average when compared with others on similar subjects.

The Dangerous Drugs (The Narcotic Educational Foundation of America, 5055 Sunset Boulevard, Los Angeles 27, California)

. . . This film vividly portrays the dangers from abuse of amphetamine and barbiturate drugs—accidents, physical dependence, ruined health, even death. A candid account by a female abuser dramatically and forcefully underscores the points made in the preceding vignettes. The potential relationship of heroin abuse and abuse of non-narcotic drugs is noted. (22 minutes)

This film was considered fair in accuracy of technical data, effectiveness in reaching desired audience and dramatic impact. Most thought it appropriate for college students and "learned" lay public. The majority found it average when rated with others on similar subjects.

The Losers (Carousel Films, Inc., 1501 Broadway, New York, N. Y. 10036)

. . . Produced and originally presented by WCBS-TV, New York, examines the prevalence of experimentation and the habitual use of chemicals and drugs among youngsters from 12-21 years old. (31 minutes)

Fair to good technical accuracy, effectiveness in reaching the desired audience and in dramatic impact. Rated best for junior and senior high school students and for lay public. Generally considered to be average when compared with similar films. Interviews with addicts good, but film somewhat dated.

The Riddle (Public Affairs, Office of Economic Opportunity, 1200 19th Street, N. W., Washington, D. C. 20506)

. . . The camera follows actual glue-sniffers, cough medicine drinkers, and heroin addicts into the alleys, tenements, and physicians' offices where their candid comments and bewildered responses clearly show the hopelessness of their lives. By contrast, an account of a youth who resists the drug abuse crowd to land a job strikes a hopeful note. (28 minutes)

Good technical accuracy, poor to good effectiveness in reaching the desired audience and fair to good dramatic impact. Rated best for junior and senior high school students. Average when compared with similar films. Interview with physician good, but leaves impression that only slum areas are affected.

The Seekers (State of New York Narcotic Addiction Control Commission, Albany, New York 12203)

. . . A half-hour documentary on drug abuse prepared by the New York State Narcotic Addiction Control Commission. (30 minutes)

Fair to good technical data accuracy and fair to excellent effectiveness in reaching the desired audience and in dramatic effect. Rated best for junior and senior high school students as well as for college students and teachers. Generally considered average when compared but, film described as "short on message or theme" and as providing many "unrelated sequences."

Trip to Where (Produced by DuArt Films Labs, 245 West 55th Street, New York City 10019; available from Naval District, Washington, D. C., Building 200, Navy Yard Annex, U. S. Navy, Washington, D. C. 20390)

. . . Film presents dangers of use and abuse of three basic groups of drugs--namely, amphetamines, barbiturates and hallucinogens—including marijuana and emphasizing LSD. Points out psychological and physical effects, especially in relation to potentially dangerous effects on individual performance in critical operations. (49 minutes)

Good in accuracy of technical data and effectiveness in reaching desired audience and excellent in dramatic impact. The film appeared best designed to reach senior high school students, college students, teachers and health educators. Comparable film rating showed it above average.

Way Out (Valley Forge Films, Inc., Chester Springs, Pennsylvania 19425)

. . . A theatrical trip into the world of drug addiction. The principal roles are played by eight real life addicts who have kicked the heroin habits against impossible odds. (105 minutes)

Good to excellent technical accuracy, fair to excellent rating in reaching the desired audience but generally excellent dramatic impact. Varied views on best audience. Average when compared with similar films. Outstanding photography and character acting, but too long for maximum attention to the subject of drug abuse.

H. RECOMMENDED SUBSCRIPTIONS

Drug Dependence and Abuse Notes, published at random intervals.

Addressed to the scientific and medical community and other concerned professionals. Contains selected items covering recent developments in the field and identifies citations to the current abstracts available from NCMHI. National Clearinghouse for Mental Health Information, NIMH, Bethesda, Md. 20014.

FDA Papers

Official monthly journal of the Federal Food and Drug Administration. Contains articles on topics related to food, drugs, and consumer protection; field reports from various districts of the US; capsule reports on state actions related to control of food and drugs; and lists of seizures and notices of judgments. Useful as reference for teachers, senior high school and college students, high school and college libraries.
(Reprints are often available from the FDA; for example, "LSD: The False Illusion," July-August 1967, 15¢ per copy)

Journal of Psychedelic Drugs

While geared toward the lay public, a bibliography is included to help guide preparatory reading. Published semiannually by Medical Center Psychopharmacology Study, Dept. of Pharmacology, UC Medical Center, San Francisco, California ($2.50 per copy)

Psychedelic Review

Journal of information on psychedelics for laymen and professionals. Explorations of the emerging new frontiers of consciousness; dialogues on controversial theories and ideas. Useful literature review section. Contributors are primarily proponents of psychedelics.
290 Seventh St., San Francisco, California 94118; (bimonthly; 4 issues $5.50; 8 issues $9)

The International Journal of the Addictions

Provides a world-wide forum of exchange among professionals participating in research, training, and treatment in the field of addiction and substance misuse. An international editorial board, comprised of members of the various medical professions focuses on all facets of substance misuse-drug, alcohol, tobacco and food.
Issued semiannually by the Institute for the Study of Drug Addiction, 680 West End Avenue, New York, N. Y. 10025 ($6.00 per year)

UN Bulletin on Narcotics

Official notices of reports of meetings and actions taken by United Nations including WHO which related to drugs. Contains original scientific research papers and review articles.
United Nations Publications, Rm. 1059, UN Bldg., New York, N. Y. 10017; (quarterly, $2 per year)

I. RESOURCE AGENCIES

American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610

American Pharmaceutical Association, 2215 Constitution Avenue N. W., Washington, D. C. 20037

American School Health Association, P. O. Box 416, 200 East Main Street, Kent, Ohio 44240

American Social Health Association, 1740 Broadway, New York, New York 10019

Association of Food & Drug Officials, P. O. Box 1494, Topeka, Kansas 66603

Bureau of Drug Abuse Control, Food & Drug Administration, Department of Health, Education & Welfare, Washington, D. C. 20204

Bureau of Narcotics & Dangerous Drugs, Superintendent of Documents, U. S. Government Printing Office, Washington, D. C. 20402

Clark County Sheriff's Department, Narcotics Division, 200 East Carson Avenue, Las Vegas, Nevada

Department of Mental Health, American Medical Association, 535 North Dearborn Street, Chicago, Illinois 60610

Federal Food and Drug Administration, US Dept. of Health, Education and Welfare
The Educational Services Staff of FDA is developing a new series of educational materials for elementary and secondary schools, including (in the Life Protection Series) curriculum resource guides with content organized around basic questions and concepts. The Division of Consumer Education prepares the Student Reference Sheet which deals occasionally with drug abuse. See especially SR-2 on Habit-Forming Drugs and SR-14 on Hallucinogenic Drugs. (For information on titles and costs, contact FDA, Washington, D. C. 20204)

Health, and Physical Education, Nevada State Department of Education, Carson City, Nevada

Las Vegas Police Department, Narcotics Division, 400 North 1st Street, Las Vegas, Nevada

Mental Health Materials Center, Inc. Information Resources Center for Mental Health and Family Life Education
MHMC is developing a resource center where an individual or agency may write for comprehensive information on subjects relating to mental health (including drugs) and family life education. This service will probably not be available until late 1968. Fee to be determined. (419 Park Ave. South, New York, N. Y. 10016)

Narcotics Education, Inc., 6830 Laurel Street, N. W., Washington, D. C. 20012

National Clearinghouse for Poison Control Centers, U. S. Department of Health, Education & Welfare, Public Health Service, Washington, D. C. 20201

National Coordinating Council on Drug Abuse Education and Information, P. O. Box 19400, Washington, D. C. 20036

National Institute of Mental Health, Center for Studies of Narcotic and Drug Abuse
The objectives of the Center include the development of new treatment programs for addicts, improved methods of measuring the social readjustment of addicts under treatment, the increase of knowledge concerning the abuse of drugs of various types, and the training of workers in the special problems of drug abuse. Various types of grants and contracts as well as consultation services are made available to investigators and state and local agencies. (For further information concerning NIMH support and consultation regarding research, training, and services in the field of drug abuse and addiction, write to: NIMH, Center for Studies of Narcotic and Drug Abuse, 5454 Wisconsin Ave., Chevy Chase, Maryland 20203)

Smarteens, 1680 N. Vine Street, Suite 617, Hollywood, California 90028

The American Public Health Association, Inc., 1740 Broadway, New York, N. Y. 10019

BIBLIOGRAPHY FROM: A Guide for the Professions . . . Drug Abuse Education, including summary proceedings of the FDA-APhA National Conference on Public Education in Drug Abuse, Washington, D.C. — January 10-11, 1968, American Pharmaceutical Association.

APPENDIX

A GUIDE TO SOME COMMON DRUGS WHICH ARE SUBJECT TO ABUSE

GLOSSARY OF NARCOTIC SLANG

NEVADA REVISED STATUTES REGARDING NARCOTICS, POISONS, DANGEROUS AND HALLUCINOGENIC DRUGS, AND HYPODERMICS

CLARK COUNTY SCHOOL DISTRICT'S REGULATION REGARDING HARMFUL DRUGS AND ALCOHOLIC BEVERAGES

A GUIDE TO SOME COMMON DRUGS WHICH ARE SUBJECT TO ABUSE
(Developed by American Social Health Association)

The first step in preventing drug problems is to know what they are. This Guide lists illicit (prohibited) drugs and legitimate (permissive) drugs and indicates how drug abusers may be spotted.

	Slang Names	What they are	How taken
LLICIT (PROHIBITED) DRUGS			
ALLUCINOGENS	LSD, Acid	LSD-25 is a lysergic acid derivative. Mescaline is a chemical taken from peyote cactus. Psilocybin is synthesized from Mexican mushrooms.	In tablet, capsule, ampul (hypodermic) form, or in saturated sugar cubes.
EROIN	Snow, Stuff, H, Junk and others	Heroin is diacetylmorphine, an alkaloid derived from morphine; it does not occur in opium. A white, off-white, or brown crystalline powder, it has long been the drug of choice among opiate addicts. Its possession is illegal.	May be taken by any route, usually by intravenous injection.
MARIJUANA (Cannabis)	Joints, Sticks, Reefers. Weed. Grass, Pot, Muggles, Mooters, Indian hay, Locoweed, Mu, Gigglesmoke, Griffo, Mohasky, Mary Jane	Marijuana is the dried flowering or fruiting top of the plant Cannabis Sativa L., commonly called Indian Hemp. Usually looks like fine, green tobacco. Its possession is illegal. Hashish is a preparation of cannabis, taken orally in many forms.	Marijuana smoked in pipes or cigarettes. Hashish is infrequently made into candy, sniffed in powder form, mixed with honey for drinking, or with butter to spread on bread.
LEGITIMATE (PERMISSIVE) DRUGS			
AMPHETAMINES	Bennies, Co-pilots, Footballs, Hearts, Pep pills	Amphetamines are stimulants, prescribed by physicians chiefly to reduce appetite and to relieve minor cases of mental depression. Often used to promote wakefulness and/or increase energy.	Orally as a tablet or capsule. Abusers may resort to intravenous injection.

rimary effect	How to spot abuser	Dangers
ll produce hallucinations, ex-ilaration, or depression, and can ead to serious mental changes, sychotic manifestations, suicidal r homicidal tendencies.	Abusers may undergo complete personality changes, "see" smells, "hear" colors. They may try to fly or brush imaginary insects from their bodies, etc. Behavior is irrational. Marked depersonalization.	Very small quantities of LSD may cause hallucinations lasting for days or repetitive psychotoxic episodes, which may recur months after injection. Permanence of mental derangement is still a moot question. Damage to chromosomes, and hence potentially to offspring, has been demonstrated.
ike morphine in all respects, faster nd shorter acting.	Morphine-like.	Like morphine; dependence usually develops more rapidly. Dependence liability is high.
feeling of great perceptiveness and leasure can accompany even small oses. Erratic behavior, loss of mem-ry, distortion of time and spatial erceptions, and hilarity without pparent cause occur. Marked unpre-ictability of effect.	Abusers may feel exhilarated or relaxed, stare off into space, be hilarious without apparent cause, have exaggerated sense of ability.	Because of the vivid visions and exhilaration which result from use of marijuana, abusers may lose all restraint and act in a manner dangerous to themselves and/or others. Accident prone because of time and space sense disturbance. Dependence (psychic but not physical) leads to antisocial behavior and could be forerunner of use of other drugs.
ormal doses produce wakefulness, ncreased alertness and a feeling of ncreased initiative. Intravenous oses produce cocaine-like psycho-xic effects.	An almost abnormal cheerfulness and unusual increase in activity, jumpiness and irritability; hallucinations and paranoid tendencies after intravenous use.	Amphetamines can cause high blood pressure, abnorma heart rhythms, and even heart attacks. Teen-agers often take them to increase their "nerve." As a result, they may behave dangerously. Excess or prolonged usage can cause hallucinations, loss of weight, wakefulness, jumpiness, and dangerous aggressiveness. Tolerance to large doses is acquired by abusers; psychic dependence develops but physical dependence does not; and there is no characteristic withdrawal syndrome.

EGITIMATE DRUGS (cont'd)

	Slang Names	What they are	How taken
ARBITURATES	Red birds, Yellow jackets, Blue heavens, Goof balls	Barbiturates are sedatives, prescribed to induce sleep or, in smaller doses, to provide a calming effect. All are legally restricted to prescription use only. Dependence producing, both psychic and physical, with variable tolerance. Signs of physical dependence appear with doses well above therapeutic level.	Orally as a tablet or capsule. Sometimes intravenously by drug abusers.
OCAINE	The leaf, Snow, Speedballs (when mixed with heroin)	Extracted from the leaves of the coca bush. It is a white, odorless, fluffy powder that looks like crystalline snow.	A surface active anesthetic; by abusers, taken orally or, most commonly, intravenously alone, combined with or alternating with heroin. The coca leaves are chewed with lime, producing the effects of the contained cocaine.
ODEINE	Schoolboy	A component of opium and a derivative of morphine, in most respects a tenth or less as effective as morphine, dose-wise.	Usually taken orally, in tablets, for pain, or in a liquid preparation, of variable alcohol content, for cough. Can be injected.
ETHAMPHETAMINE	Speed, Crystal	Stimulant, closely related to amphetamine and ephedrine.	Orally, as tablets or in an elixir, or intravenously.
ORPHINE	M, Dreamer, and many others	The principal active component of opium. Morphine sulphate: white crystalline powder, light porous cubes, or small white tablets.	May be taken by any route; its abusive use is mostly by intravenous injection.

Primary effect	How to spot abuser	Dangers
Small amounts make the user relaxed, ociable, good-humored. Heavy doses make him sluggish, gloomy, sometimes uarrelsome. His speech is thick and e staggers. Sedation and incoordination rogressive with dose, and at least dditive with alcohol and/or other edatives and tranquilizers.	The appearance of drunkenness with no odor of alcohol characterizes heavy dose. Sedation with variable ataxia.	Sedation, coma, and death from respiratory failure. Inattentiveness may cause unintentional repetitious administration to a toxic level. Many deaths each year from intentional and unintentional overdose. Potentiation with alcohol particularly hazardous. The drug is addictive, causing physical as well as psychic dependency, and withdrawal phenomena are characteristically different from withdrawal of opiates.
Oral use is said to relieve hunger and atigue, and produce some degree of exhilaration. Intravenous use produces marked psychotoxic effects, hallucinations with paranoid tendencies. Repetitive doses lead to maniacal excitation, muscular twitching, convulsive movements.	Dilated pupils, hyperactive, exhilarated paranoic.	Convulsions and death may occur from overdose. Paranoic activity. Very strong psychic but no physical dependence and no tolerance.
Analgesic and cough suppressant with very little sedation or exhilarant (euphoric) action. Dependence can be produced or partially supported, but large doses are required and risk is minor.	Unless taken intravenously, very little evidence of general effect. Large doses are morphine-like.	Occasionally taken (liquid preparations) for kicks, but large amount required. Contribution of the alcohol content to the effect may be significant. Degree and risk of abuse very minor. Occasionally resorted to by opiate-dependent persons to tide them over with inadequate result.
Effects resemble amphetamine but are more marked and toxicity greater.	Extreme restlessness and irritability; violence and paranoid reaction possible.	Excessive psychotoxic effects, sometimes with fatal outcome.
Generally sedative and analgesic (rarely excitatory). The initial reaction is unpleasant to most people, but calming supersedes and, depending on dose, may progress to coma and death from respiratory failure.	Constricted pupils. Calm, inattentive, "on the nod," with slow pulse and respiration.	Man is very sensitive to the respiratory depressant effect until tolerance develops. Psychic and physical dependence and tolerance develop readily, with a characteristic withdrawal syndrome.

GLOSSARY OF NARCOTIC SLANG

Please note that the terms in this glossary are continually under the process of change as new names are coined with the same meanings. It is recommended that this glossary be kept current by adding to it updated information.

Acid	Lysergic acid diethylamide, LSD-25
Bennies	Amphetamines
Bindle	A small packet of heroin, morphine, or cocaine
Black	Opium
Blast	To smoke a marijuana cigarette
Blow	To smoke a marijuana cigarette
Blue Heavens	Barbiturates
Bread	Money substitute or "Dough"
Brick	Kilo of marijuana in compressed brick form
Burn	To accept money and give no narcotic in return, to give a substitute in lieu of
Burned Out	The sclerotic condition of the vein present in most conditioned addicts
Can	Term derived from tobacco can in which marijuana was commonly sold in the past. Now more frequently observed in small paper bags.
Cap	A capsule of heroin, commonly a number 5 gelatin capsule
Chippy	An occasional user of heroin
Clean	Refers to removing stems and seeds from marijuana. Also an addict who is free from narcotic injection marks, as in "I'm clean, Man."

Coke	Cocaine
Cold Turkey	The method of curing drug addiction whereby an addict is taken off drugs with no tapering-off period
Connect	To buy drugs
Connection	A peddler who knows an addict and will sell him drugs
Co-pilots	Amphetamines
Cottons	Bits of cotton saturated with narcotic solution used to strain foreign matter when drawing solution up into hypodermic syringe or eyedropper. These cottons are often saved by addicts for an emergency, as they contain a residual amount of the drug.
Crystal	Methamphetamines
Cut	To adulterate narcotics
Crutch	Device used to hold marijuana cigarette when it has burned to the point where it will burn the fingers. Also a container for a hypodermic needle.
Dealer	A drug peddler
Deck	A small packet of morphine, cocaine, or heroin
Dope	Any narcotic
Dreamer	Morphine
Fit	(see "Outfit")
Fix, Fix-up	A drug which is about to be injected or has just been injected
Footballs	Amphetamines

Fuzz	The law
Giggle-Smoke	Marijuana
Gram	Gram of heroin (approximately 10 capsules)
Griffo	Marijuana
Grass	Marijuana in the raw state (leaves, stems, and berries)
Goof Balls	Barbiturates
Grasshopper	Marijuana user
Gun	(see "Outfit")
H	Heroin
Habit	Addiction to drugs
Hand-to-Hand	Delivery of narcotics person-to-person
Hay	Marijuana
Head	Marijuana user
Hearts	Amphetamines
Heat	The law
High	Under the effect of narcotics, usually only used in relation to cocaine and marijuana
Hog	An addict who uses all he can get his hands on
Holding	Possessing narcotics

Hooked	Addiction, stage following physical dependence, a confirmed addict
Horning	Sniffing narcotics up nose
Hype	An addict using the injection route
Indian Hay	Marijuana
Joint	A marijuana cigarette. Also state prison.
Jolt	An injection of narcotics
Joy Pop	An occasional injection of narcotics. One who is "joy popping" only takes an injection now and then.
Junk	Any kind of narcotics, but since heroin is the drug most common to today's illegal traffic, it is now used generally in reference to heroin.
Kicking	Trying to break the habit. "Kicking it cold turkey" is breaking the habit of drug use at home or in prison, without the aid of any medication or medical care.
Kee	2.2 lbs.
Kilo	2.2 lbs.
Loco-Weed	Marijuana
Lid	(see "Can")
LSD	Lysergic acid diethylamide
Loaded	Under the influence of heroin
M	Morphine

Main-Line	Veins of the body, usually arms; also intravenous injection
Main-Liner	One who injects narcotics directly into the veins, intravenously
Man (the)	A drug supplier or police officer
Manicure	Prepare marijuana for use in cigarettes
Mary Jane, Mohasky, Mooters, Mu, Muggles	Marijuana
Narco	Narcotics officer
Outfit	Equipment for injection by the hypodermic route, a "hype" outfit. Hypodermic syringe and needle, spoon, safety pins, and razor.
Panic	A scarcity of drugs, usually caused by the arrest of a big peddler
Pep Pills	Amphetamines
Piece	One ounce of narcotics
Pig	(see "Hog")
Pill Head	Amphetamine or barbiturate user
Pill Freak	(see "Pill Head")
Pilly	(see "Pill Head")
Pop	A subcutaneous injection, usually referred to as "skin popping"
Pot	Marijuana
Pure (the)	Pure heroin, prior to adulteration

Pusher	Drug peddler to users. One who seeks more business from regular customers and who seeks new customers himself or through a recruiter.
Red Birds	Barbiturates
Reefers	Marijuana
Roach	A partially consumed marijuana cigarette
School-Boy	Codeine
Scoring	Making a purchase of narcotics
Shooting-Gallery	A place where an injection of narcotics can be bought, but which does not permit loitering
Shot	An injection of narcotics
Smack	Drugs, especially powdered drugs in the form of snuff
Sniffing. (snorting)	Using narcotics by sniffing up the nose, usually heroin or cocaine. This is taking it "rare"-- not in solution.
Snow	Cocaine
Snowbird	Cocaine user
Speed	Methamphetamine
Speed-Ball	A shot of heroin and cocaine combined
Spike	A hypodermic needle
Spoon	A quantity of heroin theoretically measured in a teaspoon (usually between 1 and 2 grams)
Square	One who does not know what's happening

Stash	Place where narcotics or the "outfit" is hidden; also a place where a drug peddler will secrete various quantities or narcotics. In a "hide-out" purchase, the drug peddler accepts money and then tells the drug user where the narcotics are hidden. The user then goes to the "hide-out" and picks up his purchase.
Stick	Marijuana cigarette
Stoned	Under the influence of drugs
Straight	A person holding, or under the influence of narcotics
Strung Out	Addicted (heavily)
Stuff	Heroin
T	Marijuana
Taste	A small sample of narcotics
Tea	Marijuana
Tea-Head	A marijuana smoker
The Leaf	Cocaine
Toke-Up	To light a marijuana cigarette (they burn much more brightly than an ordinary cigarette-- "Torch" is also being used in the East for a marijuana cigarette)
Turn On	To use narcotics for the first time or to introduce another person to the use of narcotics. Also the act of using narcotics or to furnish narcotics to another individual.
User	One who uses heroin
Weed	Marijuana; a "weed"-head" is a marijuana smoker

White Stuff.	Heroin or morphine (don't confuse with cocaine)
Yellow Jackets	Barbiturates

NEVADA REVISED STATUTES
CHAPTER 453
UNIFORM NARCOTIC DRUG ACT

453.010 Short title.
453.020 Definitions.
453.030 Acts prohibited.
453.040 Manufacturers and wholesalers.
453.050 Qualification for licenses.
453.060 Sale on written orders.
453.070 Sales by apothecaries.
453.075 Sales by apothecaries of exempt narcotic preparations.
453.080 Professional use of narcotic drugs.
453.090 Preparations exempted.
453.100 Record to be kept.
453.110 Labels.
453.120 Authorized possession of narcotic drugs by individuals.
453.130 Persons and corporations exempted.
453.140 Common nuisances.
453.143 Prohibited use of buildings, vehicles, aircraft.
453.145 Forfeiture of vehicles, boats, aircraft.
453.150 Search, seizure and forfeiture.
453.160 Notice of conviction to be sent to licensing board.
453.170 Records confidential.
453.180 Fraud or deceit.
453.183 Prohibitions.
453.185 Prohibitions.
453.187 Prohibitions.
453.189 Prohibitions.
453.190 Exceptions and exemptions not required to be negatived.
453.200 Enforcement and cooperation.
453.210 Penalties.
453.220 Effect of acquittal or conviction under federal narcotic laws.
453.230 Constitutionality.
453.240 Interpretation.

MISCELLANEOUS PROVISIONS

453.330 Planting, cultivating, processing marihuana unlawful; penalties.

CROSS REFERENCES

Aircraft operation while under influence of narcotics unlawful, NRS 493.130
Chiropodists, license suspended for use of narcotics, NRS 635.130

(1967)

City ordinance may prohibit opium smoking, NRS 266.350
Dentists, addiction to narcotic drugs constitutes unprofessional conduct, NRS 631.050
Dispensing opticians, revocation of license for use of narcotics, NRS 637.150
Motor vehicle operation while under influence of narcotics unlawful, NRS 484.050
Nurses, revocation of license for use of narcotics, NRS 632.220, 632.320
Optometrists, revocation, suspension of license for narcotic addiction, NRS 636.295
Pawnbrokers, receipt of property from drug addict unlawful, NRS 646.060
Pharmacists, revocation of license for narcotic drug addiction, NRS 639.210
Physical therapists, registration refused, revoked for conviction under narcotic drug laws, NRS 640.160
Physicians and surgeons----
    Catering to cravings of addict is unprofessional conduct, NRS 630.030
    Delinquent licensee reported to federal narcotic enforcement office, NRS 630.290
    Osteopathic physician's license revoked for addiction to use of narcotics, NRS 633.120
Public employees, examination, certification of drug addict may be refused, NRS 284.240
Public schools, instruction in physiological effect of narcotics, NRS 389.060
Secondhand dealers, receipt of property from drug addict unlawful, NRS 647.140

UNIFORM NARCOTIC DRUG ACT

453.010 Short title. NRS 453.010 to 453.240, inclusive, may be cited as the Uniform Narcotic Drug Act.
[24:23:1937; 1931 NCL § 5091.24]

453.020 Definitions. The following words and phrases, as used in NRS 453.010 to 453.240, inclusive, shall have the following meanings, unless the context otherwise requires:

1. "Apothecary" means a licensed pharmacist as defined by the laws of this state and, where the context so requires, the owner of a store or other place of business where narcotic drugs are compounded or dispensed by a licensed pharmacist; but nothing in NRS 453.010 to 453.240, inclusive, shall be construed as conferring on a person who is not registered nor licensed as a pharmacist any authority, right, or privilege that is not granted to him by the pharmacy laws of this state.

2. "Cannabis" includes all parts of the plant Cannabis sativa L., whether growing or not; the seeds thereof; the resin extracted from any part of such plant; and every compound, manufacture, salt, derivative, mixture or preparation of such plant, its seeds or resin; but shall not include the mature stalks of such plant, fiber produced from such stalks, oil or cake made from the seeds of such plant, any other compound, manufacture, salt, derivative, mixture or preparation of such mature stalks (except the resin extracted therefrom), fiber, oil, or cake, or the sterilized seed of such plant which is incapable of germination.

3. "Coca leaves" includes cocaine and any compound, manufacture, salt, derivative, mixture, or preparation of coca leaves, except derivatives of coca leaves which do not contain cocaine, ecgonine, or substances from which cocaine or egonine may be synthesized or made.

4. "Dentist" means a person authorized by law to practice dentistry in this state.

5. "Dispense" includes distribute, leave with, give away, dispose of, or deliver.

6. "Federal narcotic laws" means the laws of the United States relating to opium, coca leaves, and other narcotic drugs.

7. "Hospital" means an institution for the care and treatment of the sick and injured, approved by the state board of pharmacy as proper to be entrusted with the custody of narcotic drugs and the professional use of narcotic drugs under the direction of a physician, dentist, or veterinarian.

8. "Laboratory" means a laboratory approved by the state board of pharmacy as proper to be entrusted with the custody of narcotic drugs and the use of narcotic drugs for scientific and medical purposes and for purposes of instruction.

9. "Manufacturer" means a person who by compounding, mixing, cultivating, growing, or other process, produces or prepares narcotic drugs, but does not include an apothecary who compounds narcotic drugs to be sold or dispensed on prescription.

10. "Narcotic drugs" means coca leaves, opium, isonipecaine, cannabis, and every other substance neither chemically nor physically distinguishable from them, and any other drugs to which the federal laws relating to narcotic drugs may now apply, or may hereafter apply.

11. "Official written order" means an order written on a form provided for that purpose by the United States making provision therefor, if such order forms are authorized and required by federal law, and if no such order form is provided, then on an official form provided for that purpose by the state board of pharmacy.

12. "Opium" includes morphine, codeine, and heroin, and any compound, manufacture, salt, derivative, mixture, or preparation of opium, but does not include apomorphine or any of its salts.

13. "Person" includes any corporation, association, copartnership, or one or more individuals.

14. "Physician" means a person authorized by law to practice medicine in this state, and any other person authorized by law to treat sick and injured human beings in this state, and to use narcotic drugs in connnection with such treatment.

15. "Registry number" means the number assigned to each person registered under the federal narcotic laws.

16. "Sale" includes barter, exchange, or gift, or offer therefore,and each such transaction made by any person, whether as principal, proprietor, agent, servant, or employee.

17. "Veterinarian" means a person authorized by law to practice veterinary medicine in this state.

18. "Wholesaler" means a person who supplies narcotic drugs that he himself has not produced nor prepared, on official written orders, but not on prescriptions.

[1:23:1937; A 1955, 134] -- (NRS A 1961, 679; 1963, 344)

453.030 Acts prohibited. It shall be unlawful for any person to manufacture, possess, have under his control, sell, prescribe, administer, dispense, or compound any narcotic drug, except as authorized in NRS 453.010 to 453.240, inclusive.

[2:23:1937, 1931 NCL § 5091.02]

453.040 Manufacturers and wholesalers.

1. No person shall manufacture, compound, mix, cultivate, grow, or by any other process produce or prepare narcotic drugs, and no person as a wholesaler shall supply the same, without having first obtained a license so to do from the state board of pharmacy.

2. Any manufacturer or wholesaler whose records are not available in this state and who sells, furnishes or ships to any person in this state any narcotic drug or preparation exempted from the provisions of this chapter by NRS 453.090 shall forward a copy of the invoice relating to such sale, shipment or furnishing to the state board of pharmacy.

[3:23:1937; 1931 NCL § 5091.03] -- (NRS A 1961, 681; 1967, 745)

453.050 Qualification for licenses. No license shall be issued under NRS 453.040 ;unless and until the applicant therefor has furnished proof satisfactory to the state board of pharmacy.

1. That the applicant is of good moral character or, if the applicant be an association or corporation, that the managing officers are of good moral character.

2. That the applicant is equipped as to land, buildings, and paraphernalia properly to carry on the business described in his application.

3. No license shall be granted to any person who has within 5 years been convicted of a willful violation of any law of the United States, or of any state, relating to opium, coca leaves, cannabis, or other narcotic drugs, or to any person who is a narcotic drug addict.

4. The state board of pharmacy may suspend or revoke any license for cause.

[4:23:1937; 1931 NCL § 5091.04] -- (NRS A 1961, 681)

453.060 Sale on written orders.

1. A duly licensed manufacturer or wholesaler may sell and dispense narcotic drugs to any of the following persons, but only on official written orders:
   (a) To a manufacturer, wholesaler, or apothecary.
   (b) To a physician, dentist, or veterinarian.
   (c) To a person in charge of a hospital, but only for use by or in that hospital.
   (d) To a person in charge of a laboratory, but only for use in that laboratory for scientific and medical purposes.

2. A duly licensed manufacturer or wholesaler may sell narcotic drugs, on a special written order accompanied by a certificate of exemption, as required by the federal narcotic laws, to a person in the employ of the United States Government or of any state, territorial, district, county, municipal, or insular government purchasing, receiving, possessing, or dispensing narcotic drugs by reason of his official duties.

3. An official written order for any narcotic drug shall be signed in duplicate by the person giving the order or by his duly authorized agent. The original shall be presented to the person who sells or dispenses the narcotic drug or drugs named therein. In event of the acceptance of such order by such person, each party to the transaction shall preserve his copy of such order for a period of 2 years in such a way as to be readily accessible for inspection by any public officer or employee engaged in the enforcement of NRS 453.010 to 453.240, inclusive. It shall be deemed a compliance with this subsection if the parties to the transaction have complied with the federal narcotic laws respecting the requirements governing the use of order forms.

4. Possession of or control of narcotic drugs obtained as authorized by this section shall be lawful if in the regular course of business, occupation, profession, employment, or duty of the possessor.

5. A person in charge of a hospital or of a laboratory, or in the employ of this state or of any other state, or of any political subdivision thereof, who obtains narcotic drugs under the provisions of this section or otherwise, shall not administer, nor dispense, nor otherwise use such drugs, within this state, except within the scope of his employment or official duty, and then only for scientific or medicinal purposes and subject to the provisions of NRS 453.010 to 453.240, inclusive.
[5:23:1937; 1931 NCL § 5091.05]-- (NRS A 1967, 746)

453.070 Sales by apothecaries.

1. An apothecary, in good faith, may sell and dispense narcotic drugs to any person upon a written prescription or an oral prescription in pursuance to regulations promulgated by the United States Commissioner of Narcotics under federal narcotics statutes, of a physician, dentist, or veterinarian, dated and signed by the person prescribing on the day when issued and bearing the full name and address of the patient for whom, or of the owner of the animal for which, the drug is dispensed, and the full name, address, and registry number under the federal narcotic laws of the person prescribing, if he is required by those laws to be so registered. If the prescription be for an animal it shall state the species of animal for which the drug is prescribed. The person filling the prescription shall write the date of filling and his own signature on the face of the prescription. The prescription shall be retained on file by the proprietor of the pharmacy in which it is filled for a period of 2 years, so as to be readily accessible for inspection by any public officer or employee engaged in the enforcement of NRS 453.010 to 453.240, inclusive. The prescription shall not be refilled.

2. The legal owner of any stock of narcotic drugs in a pharmacy, upon discontinuance of dealing in such drugs, may sell such stock to a manufacturer, wholesaler, or apothecary, but only on an official written order.

3. An apothecary, only upon an official written order, may sell to a physician, dentist, or veterinarian, in quantities not exceeding 1 ounce at any time, acqueous or oleaginous solutions of which the content of narcotic drugs does not exceed a proportion greater than 20 percent of the complete solution, to be used for medical purposes.

[6:23:1937; A 1955, 248]

453.075 Sales by apothecaries of exempt narcotic preparations.
Prior to the sale at retail of any narcotic preparation exempt pursuant to NRS 453.090, the registered pharmacist shall determine, to his satisfaction, that such narcotic preparation is to be used for legitimate purposes in the treatment of an illness.

(Added to NRS by 1967, 749)

453.080 Professional use of narcotic drugs.

1. A physician or a dentist, in good faith and in the course of his professional practice only, may prescribe, administer, and dispense narcotic drugs, or he may cause the same to be administered by a nurse or intern under his direction and supervision.

2. A veterinarian, in good faith and in the course of his professional practice only, and not for use by a human being, may prescribe, administer, and dispense narcotic drugs, and he may cause them to be administered by an assistant or orderly under his direction and supervision.

3. Any person who has obtained from a physician, dentist, or veterinarian any narcotic drug for administration to a patient during the absence of such physician, dentist, or veterinarian shall return to such physician, dentist, or veterinarian any unused portion of such drug when it is no longer required by the patient.

[7:23:1937, 1931 NCL § 5091.07]

453.090 Preparations exempted. Except as otherwise in NRS 453.010 to 453.240, inclusive, specifically provided, NRS 453.010 to 453.240, inclusive, shall not apply to the following cases:

1. Prescribing, administering, dispensing, or selling at retail of any medicinal preparation that contains:

(a) More than one ounce of paregoric, if it has been added to not less than 3 ounces of another nonnarcotic medicinal preparation or a combination of other nonnarcotic medicinal preparations which preparations are normally used in the treatment of disorders of the stomach or bowel; and

(b) Not more than 1 grain of codeine or any of its salts in 1 fluid ounce, of if a solid or semisolid preparation, in 1 avoirdupois ounce when combined with other drugs conferring upon it medicinal qualities other than those possessed by the narcotic drug alone; and

(c) Not more than one of the drugs named above in paragraphs (a) and (b).

2. Prescribing, administering, dispensing, or selling at retail of liniments, ointments, and other preparations that are susceptible of external use only and that contain narcotic drugs in such combinations as prevent their being readily extracted from such liniments, ointments, or preparations, except that NRS 453.010 to 453.240, inclusive, shall apply to all liniments, ointments, and other preparations that contain coca leaves in any quantity or combination.

3. The exemptions authorized by this section shall be subject to the following conditions :

(a) No person shall prescribe, administer, dispense, or sell under the exemptions of this section to any one person, or for the use of any one person or animal, any preparation or preparations included within this section when he knows, or can by reasonable diligence ascertain, that such prescribing, administering, dispensing, or selling will provide the person to whom or for whose use, or the owner of the animal for the use of which, such preparation is prescribed, administerd, dispensed, or sold, within any 48 consecutive hours, with more than 1 ounce of paregoric in combination, or more than 2 grains of codeine or of any of its salts, or will provide such person or the owner of such animal, within 48 consecutive hours, with more than one preparation exempted by this section from the operation of NRS 453.010 to 453.240, inclusive.

(b) The medical preparation, or the liniment, ointment, or other preparation susceptible of external use only, prescribed, administered, dispensed, or sold, shall contain, in addition to the narcotic drug in it, some drug or drugs conferring upon it medicinal qualities other than those possessed by the narcotic drug alone.

(c) Such preparation shall be prescribed, administered, dispensed, and sold in good faith as a medicine, and not for the purpose of evading the provisions of NRS 453.010 to 453.240, inclusive.

(d) All such preparations may be sold or dispensed only by a registered pharmacist.

4. Nothing in this section shall be construed to limit the kind and quantity of any narcotic drug that may be prescribed, administered, dispensed, or sold to any person or for the use of any person or animal when it is prescribed, administered, dispensed, or sold in compliance with the general provisions of NRS 453.010 to 453.240, inclusive.

[8:23 1937; 1931 NCL§ 5091.08] --(NRS A 1961, 681; 1967, 747)

453.100 Record to be kept.

1. Every physician, dentist, veterinarian, or other person who is authorized to administer or professionally use narcotic drugs, shall keep a record of such drugs received by him, and a record of all such drugs administered, dispensed, or professionally used by him otherwise than by prescription. It shall, however, be deemed a sufficient compliance with this subsection if any such person using small quantities of solutions or other preparations of such drugs for local application shall keep a record of the quantity, character, and potency of such solution or other preparations purchased or made up by him, and of the dates when purchased or made up, without keeping a record of the amount of such solution or other preparation applied by him to individual patients.

Provided: That no record need be kept of narcotic drugs administered, dispensed, or professionally used in the treatment of any one patient when the amount administered, dispensed, or professionally used for that purpose does not exceed in any 48 consecutive hours:

(a) Four grains of opium; or

(b) One-half of a grain of morphine or of any of its salts; or

(c) Two grains of codeine or of any of its salts; or

(d) One grain of extract of cannabis or 1 grain of any more potent derivative or preparation of cannabis; or

(e) A quantity of any other narcotic drug or any combination of narcotic drugs that does not exceed in pharmacologic potency any one of the drugs named above in the quantity stated.

2. Manufacturers and wholesalers shall keep records of all narcotic drugs compounded, mixed, cultivated, grown, or by any other process produced or prepared, and of all narcotic drugs received and disposed of by them, in accordance with the provisions of subsection 5 of this section.

3. Apothecaries shall keep records of all narcotic drugs received and disposed of by them, in accordance with the provisions of subsection 5 of this section.

4. Every person who purchases for resale, or who sells narcotic drug preparations exempted by NRS 453.090, shall keep a record showing the quantities and kinds thereof received and sold, or disposed of otherwise, in accordance with the provisions of subsection 5 of this section.

5. The form of records shall be prescribed by the state board of pharmacy. The record of narcotic drugs received shall in every case show the date of receipt, the name and address of the person from whom received, and the kind and quantity of drugs received; the kind and quantity of narcotic drugs produced or removed from process of manufacture; and the record shall in every case show the proportion of morphine, cocaine, or ecgonine contained in or producible from crude opium or coca leaves received or produced, and the proportion of resin contained in or producible from the dried flowering or fruiting tops of the pistillate plant Cannabis sativa L., from which the resin has not been extracted, received or produced. The record of all narcotic drugs sold, administered, dispensed, or otherwise disposed of, shall show the date of selling, administering, or dispensing, the name and address of the person to whom, or for whose use, or the owner and species of animal for which sold, administered or dispensed, the purpose for which the narcotic drug preparation is to be used, the signature and address of the purchaser, the initials of the person making the sale, and the kind and quantity of drugs. Every such record shall be kept for a period of 2 years from the date of the transaction recorded and shall be open to inspection by all authorized law enforcement officers. The keeping of a record required by or under the federal narcotic laws, containing substantially the same information as is specified above, shall constitute compliance with this section, except that every such record shall contain a detailed list of narcotic drugs lost, destroyed, or stolen, if any, the kind and quantity of such drugs, and the date of the discovery of such loss, destruction, or theft.
[9:23:1937; 1931 NCL § 5091.09] -- (NRS A 1961, 682; 1967, 748)

453.110 Labels.

1. Whenever a manufacturer sells or dispenses a narcotic drug, and whenever a wholesaler sells and dispenses a narcotic drug in a package prepared by him, he shall securely affix to each package in which that drug is contained a label showing in legible English the name and address of the vendor and the quantity, kind, and form of narcotic drug contained therein. No person except an apothecary, for the purpose of filling a prescription under NRS 453.010 to 453.240, inclusive, shall alter, deface, or remove any label so affixed.

2. Whenever an apothecary sells or dispenses any narcotic drug on a prescription issued by a physician, dentist, or veterinarian, he shall affix to the container in which such drug is sold or dispensed a label showing his own name, address, and registry number, or the name, address, and registry number of the apothecary for whom he is lawfully acting; the name and address of the patient or, if the patient is an animal, the name and address of the owner of the animal and the species of the animal; the name, address, and registry number of the physician, dentist, or veterinarian by whom the prescription was written; and such directions as may be stated on the prescription. No person shall alter, deface, or remove any label so affixed.
[10:23:1937; 1931 NCL § 5091.10]

453.120 Authorized possession of narcotic drugs by individuals.
A person to whom or for whose use any narcotic drug has been prescribed, sold, or dispensed by a physician, dentist, apothecary, or other person authorized under the provisions of NRS 453.060, and the owner of any animal for which any such drug has been prescribed, sold, or dispensed by a veterinarian, may lawfully possess it only in the container in which it was delivered to him by the person selling or dispensing the same.
[11:23:1937; 1931 NCL § 5091.11]

453.130 Persons and corporations exempted. The provisions of NRS 453.010 to 453.240, inclusive, restricting the possessing and having control of narcotic drugs shall not apply to common carriers or to warehousemen, while engaged in lawfully transporting or storing such drugs, or to any employee of the same acting within the scope of his employment or to public officers or employees in the performance of their official duties requiring possession or control of narcotic drugs; or to temporary incidental possession by employees or agents of persons lawfully entitled to possession, or by persons whose possession is for the purpose of aiding public officers in performing their official duties.
[12:23:1937; 1931 NCL § 5091.12]

453.140 Common nuisances. Any store, shop, office, warehouse, dwelling house, building, vehicle, boat, aircraft, or any place whatever, which is resorted to by narcotic drug addicts for the purpose of using narcotic drugs or which is used for the illegal keeping or selling of the same shall be deemed a common nuisance. No person shall keep or maintain such common nuisance.
[13:23: 1937; 1931 NCL § 5091.13]

453.143 Prohibited use of buildings, vehicles, aircraft. No person may knowingly permit the use of any store, shop, warehouse, dwelling house, vehicle, boat, aircraft or any other place whatever owned or controlled by him for the illegal keeping, dispensing or administering of narcotic drugs.
(Added to NRS by 1959, 695)

453.145 Forfeiture of vehicles, boats, aircraft.

1. Any vehicle, boat or aircraft which has been or is being used by a person when violating any of the provisions of NRS 453.010 to 453.240, inclusive, shall be seized and forfeited to the incorporated city or town in which such violation occurred. If the violation did not occur within the limits of any incorporated city or town, such vehicle, boat or aircraft shall be forfeited to the county in which such violation occurred. No vehicle, boat or aircraft shall be forfeited unless the owner thereof authorized or knowingly permitted its use in violation of NRS 453.010 to 453.240, inclusive.

2. This section shall not apply to innocent persons nor shall it operate to destroy any valid lien or any rights under any chattel mortgage, title retention contract, or conditional sale contract when the holder thereof is an innocent person.

(Added to NRS by 1959, 695)

453.150 Search, seizure and forfeiture.

1. A warrant to search any store, shop, office, warehouse, dwelling house, building, vehicle, boat, aircraft, or any place whatever, where there is reasonable ground to believe that narcotic drugs are manufactured, possessed, had under control, sold, prescribed, administered, dispensed, or compounded, in violation of NRS 453.010 to 453.240, inclusive, may issue in the same manner and under the same restrictions as provided by law for other personal property, or implements used, or evidences of crime.

2. All narcotic drugs, the lawful possession of which is not established or the title to which cannot be ascertained, which have come into the custody of a peace officer, shall be forfeited, and disposed of as follows:

(a) Except as in this section otherwise provided, the court or magistrate having jurisdiction shall order such narcotic drugs forfeited and destroyed. A record of the place where such drugs were seized, of the kinds and quantities of drugs so destroyed, and of the time, place, and manner of destruction, shall be kept, and a return, under oath, reporting the destruction shall be made to the court or magistrate and to the United States Commissioner of Narcotics by the officer who destroys them.

(b) Upon written application by the state board of pharmacy the court or magistrate by whom the forfeiture of narcotic drugs has been decreed may order the delivery of any of them, except heroin and its salts and derivatives, to the state board of pharmacy for distribution or destruction, as hereinafter provided.

(c) Upon application by any hospital within this state, not operated for private gain, the state board of pharmacy may in its discretion deliver any narcotic drugs that have come into its custody by authority of this section to the applicant for medicinal use. The state board of pharmacy may from time to time deliver excess stocks of such narcotic drugs to the United States Commissioner of Narcotics, or shall destroy the same.

(d) The state board of pharmacy shall keep a full and complete record of all drugs received and of all drugs disposed of, showing the exact kinds, quantities, and forms of such drugs; the persons from whom received and to whom delivered; by whose authority received, delivered, and destroyed; and the dates of the receipt, disposal, or destruction, which record shall be open to inspection by all federal and state officers charged with the enforcement of federal and state narcotic laws.

[14:23: 1937; 1931 NCL§5091.14] --(NRS A 1961, 684)

453.160 Notice of conviction to be sent to licensing board. On the conviction of any person of the violation of any provisions of NRS 453.010 to 453.240, inclusive, a copy of the judgment and sentence, and of the opinion of the court or magistrate, if any opinion be filed, shall be sent by the clerk of the court, or by the magistrate, to the board or officer, if any, by whom the convicted defendant has been licensed or registered to practice his profession or to carry on his business. On the conviction of any such person the court may, in its discretion, suspend or revoke the license or registration of the convicted defendant to practice his profession or to carry on his business. On the application of any person whose license or registration has been suspended or revoked, and upon proper showing and for good cause, the board or officer may reinstate such license or registration.
[15: 23: 1937; 1931 NCL§ 5091.15]

453.170 Records confidential. Prescriptions, orders and records required by NRS 453.010 to 453.240, inclusive, and stocks of narcotic drugs shall be open for inspection only to federal, state, county, and municipal officers whose duty it is to enforce the laws of this state or of the United States relating to narcotic drugs. No officer having knowledge by virtue of his office of any such prescription, order or record shall divulge such knowledge, except in connection with a prosecution or proceeding in court or before a licensing board or officer, to which prosecution or proceeding the person to whom such prescriptions, orders or records relate is a party.
[16:23: 1937; 1931 NCL§ 5091.16]

453.180 Fraud or deceit.

1. No person shall obtain or attempt to obtain a narcotic drug, or procure or attempt to procure the administration of a narcotic drug:
   (a) By fraud, deceit, misrepresentation, or subterfuge; or
   (b) By the forgery or alteration of a prescription or of any written order; or
   (c) By the concealment of a material fact; or
   (d) By the use of a false name or the giving of a false address.
2. Information communicated to a physician in an effort unlawfully to procure a narcotic drug, or unlawfully to procure the administration of any such drug, shall not be deemed a privileged communication.
3. No person shall willfully make a false statement in any prescription, order, report, or record, required by NRS 453.010 to 453.240, inclusive.
4. No person shall, for the purpose of obtaining a narcotic drug, falsely assume the title of, or represent himself to be, a manufacturer, wholesaler, apothecary, physician, dentist, veterinarian, or other authorized person.
5. No person shall make or utter any false or forged prescription or false or forged written order.
6. No person shall affix any false or forged label to a package or receptacle containing narcotic drugs.
7. The provisions of this section shall apply to all transactions relating to narcotic drugs under the provisions of NRS 453.090, in the same way as they apply to transactions under all other sections.

[17:23: 1937; 1931 NCL 5091.17]

453.183 Prohibitions. No person may:

1. Possess for sale a narcotic drug except in accordance with the provisions of NRS 453.010 to 453.240 inclusive.
2. Conspire with another person or persons to violate NRS 453.120 or NRS 453.143 or NRS 453.185.

(Added to NRS by 1959, 695)

453.185 Prohibitions No person may:

1. Induce or attempt to induce another person unlawfully to use or administer a narcotic drug.
2. Employ, induce or use a minor unlawfully to transport, carry, dispense, produce or manufacture a narcotic drug.
3. Induce or attempt to induce a minor to violate any of the provisions of NRS 453.010 to 453.240, inclusive.
4. Induce or attempt to induce a minor to use a narcotic drug except in accordance with a prescription issued by a physician or dentist.
5. Unlawfully dispense or administer a narcotic drug to a minor.
6. Sell a narcotic drug except in accordance with the provisions of NRS 453.010 to 453.240, inclusive.

(Added to NRS by 1959, 695)

453.187 Prohibitions. No person may:

1. Unlawfully take a narcotic drug from a manufacturer, wholesaler, apothecary, physician, dentist, veterinarian or other person authorized to administer, dispense or possess narcotic drugs.

2. While undergoing treatment and being supplied with narcotic drugs or prescription for narcotic drugs from one physician, obtain narcotic drugs from another physician without disclosing this fact to the second physician.

(Added to NRS by 1959, 696)

453.189 Prohibitions.

1. It is unlawful for any person to procure or purchase more than one quantity of any narcotic preparation exempt pursuant to NRS 453.090 within any 48 hour period. Each purchase in excess of the quantity allowable pursuant to NRS 453.090 within any 48-hour period consitutes a separate and distinct offense.

2. Any person violating the provisions of subsection 1 is guilty:

(a) For the first offense, of a misdemeanor.

(b) For the second and any subsequent offense, of a gross misdemeanor.

(Added to NRS by 1967, 749)

453.190 Exceptions and exemptions not required to be negatived.
In any complaint, information, or indictment, and in any action or proceeding brought for the enforcement of any provision of NRS 453.010 to 453.240, inclusive, it shall not be necessary to negative any exception, excuse, provison, or exemption contained in NRS 453.010 to 453.240, inclusive, and the burden of proof of any such exception, excuse, proviso, or exemption shall be upon the defendant.

[18:23: 1937; 1931 NCL§5091. 18]

453.200 Enforcement and cooperation. It is hereby made the duty of the state board of pharmacy, its officers, agents, inspectors and representatives, and of all peace officers within the state and of all district attorneys to enforce all provisions of NRS 453.010 to 453.240, inclusive, except those specifically delegated, and to cooperate with all agencies charged with the enforcement of the laws of the United States, of this state, and of all other states relating to narcotic drugs.

[19:23: 1937; 1931 NCL§5091. 19] --(NRS A 1961, 684)

453.210 Penalties.

1. (a) Except as otherwise provided in subsections 2 and 3 of this section, any person who violates any provision of NRS 453.010 to 453.240, inclusive, shall be punished by imprisonment in the state prison for not less than 1 year nor

more than 6 years, and may be further punished by a fine of not more than $2,000.

(b) For a second offense, or if, in case of a first conviction of violations of any provision of NRS 453.010 to 453.240, inclusive, the offender shall previously have been convicted of any violation of the laws of the United States or of any state, territory or district relating to narcotic drugs or marihuana, the offender shall be punished by imprisonment in the state prison for not less than 1 year nor more than 10 years and may be further punished by a fine of not more than $2,000.

(c) For a third or subsequent offense, or if the offender shall previously have been convicted two or more times in the aggregate of any violation of the law of the United States or of any state, territory or district relating to narcotic drugs or marihuana, the offender shall be punished by imprisonment in the state prison for not less than 1 year nor more than 20 years and may be further punished by a fine of not more than $5,000.

2. Any person who is convicted of the illegal sale, exchange, barter, supplying or giving away of narcotic drugs or marihuana to a person who is:

(a) Twenty-one years of age or older shall be punished by imprisonment in the state prison for not less than 1 year nor more than 20 years and may be further punished by a fine of not more than $5,000. For a second or subsequent offense , such offender shall be punished by imprisonment in the state prison for life, without possiblity of parole, and may be further punished by a fine of not more than $5,000.

(b) Under 21 years of age shall be punished by imprisonment in the state prison for life with possiblity of parole and may be further punished by a fine of not more than $5,000. Eligibility for parole begins when a minimum of 7 years has been served. For a second or subsequent offense, such offender shall be punished by imprisonment in the state prison for life without possiblity of parole.

3. Any person who supplies narcotic drugs or marihuana to another person knowing that such other person intends illegally to sell, exchange, barter, supply or give away such drugs or marihuana, and such other drugs or marihuana shall be punished by imprisonment in the state prison for life with possibility of parole and may be further punished by a fine of not more than $5,000. Eligibility for parole begins when a minimum of 7 years has been served. For a second or subsequent offense, such offender shall be punished by imprisonment in the state prison for life without possibility of parole.

4. Any term of imprisonment imposed under the provisions of subsections 2 and 3 shall be served without possibility of probation.

[20:23: 1937; A 1955, 481]-- (NRS A 1959, 694; 1961, 156; 1967, 584)

453.220 Effect of acquittal or conviction under federal narcotic laws.

1. No person shall be prosecuted for a violation of any provision of NRS 453.010 to 453.240, inclusive, if such person has been acquitted or convicted under the federal narcotic laws of the same act or omission which, it is alleged, consitutes a violation of NRS 453.010 to 453.240, inclusive.

2. The provisions of subsection 1 shall not apply to prohibit any licensing board within this state from proceeding administratively to suspend or revoke any certificate, license or permit held by any person who has been convicted of a violation of the federal narcotic laws.

[21:23: 1937; 1931 NCL § 5091.21] -- (NRS A 1967, 749)

453.230 Constitutionality. If any provision of NRS 453.010 to 453.240, inclusive, or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or applications of NRS 453.010 to 453.240, inclusive, which can be given effect without the invalid provision or application, and to this end the provisions of NRS 453.010 to 453.240, inclusive, are declared to be severable.

[22:23: 1937; 1931 NCL § 5091.22]

453.240 Interpretation. NRS 453.010 to 453.240, inclusive, shall be so interpreted and construed as to effectuate their general purpose to make uniform the law of those states which enact them.

[23:23:1937; 1931 NCL § 5091.23]

MISCELLANEOUS PROVISIONS

453.330 Planting, cultivating, processing marihuana unlawful; penalties.

1. Every person who knowingly plants, cultivates, harvests, dries or processes any marihuana or any part thereof shall be punished.

(a) For a first offense, by imprisonment in the state prison for not less than 1 year nor more than 6 years, and may be further punished by a fine of not more than $2,000.

(b) For a second offense, by imprisonment in the state prison for not less than 1 year nor more than 10 years and may be further punished by a fine of not more than $2,000.

(c) For a third or subsequent offense, by imprisonment in the state prison for not less than 1 year nor more than 20 years and may be further punished by a fine of not more than $5,000.

2. Conviction and punishment under the provisions of this section shall be in addition to, and not in lieu of, punishment for any other act for which a penalty is provided in this chapter.

(Added to NRS by 1965, 668; A 1967, 585)

NEVADA REVISED STATUTES

CHAPTER 454

POISONS; DANGEROUS AND HALLUCINOGENIC DRUGS; HYPODERMICS

DEFINITIONS

454.001 Definitions; number; gender.
454.002 "Authorized officers of the law" defined.
454.003 "Board" defined.
454.004 "Chart order" defined.
454.005 "Chemical" defined.
454.006 "Furnish" defined.
454.007 "Hospital" defined.
454.008 "Hypnotic drug" defined.
454.009 "Hypodermics" defined.
454.0091 "Laboratory" defined.
454.0092 "Manufacturer" defined.
454.0093 "Person" defined.
454.0094 "Pharmacy" defined.
454.0095 "Physician;" "dentist;" "chiropodist;" "veterinarian;" "pharmacist" defined.
454.0096 "Prescription" defined.
454.0098 "Wholesaler" defined.

POISONS

DEFINITIONS

454.010 "Poison" defined.

REGULATION OF SALE

454.020 Poisons enumerated in Schedules "A," "B" and "C" in NRS 454.010 not to be sold unless poison or caution label affixed to package; form of labels.
454.030 Prerequisites to sale or delivery of poisons in Schedules "A" and "B."
454.040 Fictitious name or false representations to seller or dealer prohibited.
454.045 Sale or delivery of poisons in Schedule "B" only by pharmacists, clerks.
454.050 Poison book: When entry required; contents.
454.060 Poison book: Form and preservation.
454.080 English language to be used in poison book and on label or package; additional entry in foreign language.
454.090 Sales of poisons in Schedule "A" exempted from registration.

ADMINISTRATION

454.110 Addition or deduction of compounds to schedules; adoption of rules by state board of pharmacy.

(1967)

454.120 Adoption of schedule of antidotes, first aid treatments: Printing and mailing: revision and amendment.
454.130 Notice to registered pharmacists of additions to schedules of poisons and antidotes.
454.140 Board to furnish dealers with lists of preparations, compounds.
454.150 Enforcement officials; access for inspection.
454.160 District attorney to conduct actions and prosecutions.
454.170 Penalty.

DANGEROUS DRUGS

454.180 Application of definitions.
454.190 "Administer" defined.
454.220 "Dangerous drug" defined.
454.230 "Dispense" defined.
454.310 Dangerous drugs not to be furnished without prescription; application of section.
454.320 Containers: Labeling.
454.325 Pharmacists to fill, refill prescriptions only for use of persons to whom prescriptions originally issued.
454.330 Refilling prescriptions for dangerous drugs: Conditions.
454.331 Refilling prescriptions for dangerous drugs: Barbiturates; other drugs having depressant or stimulant effect.
454.332 Refilling prescriptions for dangerous drugs: Specific refill authorizations.
454.333 Refilling prescriptions for dangerous drugs: Refilling as needed by patient.
454.334 Refilling prescriptions for dangerous drugs: Additional authorization from prescriber, another doctor.
454.335 Refilling prescriptions for dangerous drugs: Blanket authorizations.
454.336 Refilling prescriptions for dangerous drugs: Exercise of judgment by pharmacist.
454.337 Refilling prescriptions for dangerous drugs: Death of prescriber.
454.338 Refilling prescriptions for dangerous drugs: Records.
454.339 Refilling prescriptions for dangerous drugs: Rescission of refill authorizations.
454.340 Registration of laboratories, manufacturers, wholesalers; records.
454.345 Records: Maintenance; retention; inspection.
454.350 Stock, records open to inspection; penalties.
454.370 Immunity from prosecution of board employees, peace officers while investigating violations.
454.375 Applicability of NRS 454.180 to 454.450, inclusive, to physicians, dentists, chiropodists and veterinarians.
454.380 Use of minor as agent; unlawful furnishing to minor; penalty.
454.390 Forged, fictitious, or altered prescriptions; penalty.
454.395 Possession of dangerous drugs without prescription unlawful; penalties; exceptions.
454.396 Unlawful dispensing of dangerous drugs; penalty.
454.397 False representations by telephone conversations; penalty.

454.398 Nasal inhalers: Unlawful possession, sale.
454.399 Possession of drugs which may not be introduced in interstate commerce; penalty; experimental drugs.
454.400 Misdemeanor violations.
454.410 Conviction for violation of dangerous drug law grounds for suspension, revocation of professional license.
454.420 Board to enforce law.
454.430 Finding by board that drug is dangerous; power to make rules; penalties.
454.440 Notice of adoption of further rules.
454.450 Copies of laws, regulations to be furnished.

HALLUCINOGENIC DRUGS

454.460 Hallucinogenic drugs: Use, possession regulated; penalties.

HYPODERMIC DEVICES

454.470 Sale permits.
454.480 Sales with and without prescriptions: Conditions.
454.490 Records of sales without prescription: Contents; retention; inspection; exceptions.
454.500 Regulations for sale of hypodermic devices other than hypodermic needles, syringes.
454.510 Unlawful possession, sale of hypodermic devices.
454.520 Misuse of hypodermic device; penalty.
454.530 Obtaining possession of hypodermic device by false, fraudulent representation, forged or fictitious name; penalty.

APPLICATION OF CHAPTER

454.680 Chapter provisions not applicable to certain products.

CROSS REFERENCES

Animals--
  Livestock, safeguarding or fencing of poisonous solutions dangerous to livestock, civil liability for damage, NRS 575.040
  Poisoning or attempting to poison unlawful, NRS 574.150
Attempts to kill by administration of poison unlawful, NRS 200.390
Caustic or corrosive acids and other substances, NRS 586.460--586.520
Economic poisons, NRS 586.010--586.450
Food or water, willfully poisoning unlawful, NRS 202.170
Inhalation of drugs, chemicals contrary to label directions for use unlawful, NRS 202.247
Insecticides and other preparations, use in food establishments regulated, NRS 446.620
Lethal bait, criminal liability for unauthorized use on public domain, NRS 202.550
Sales, regulation by state board of pharmacy, NRS 639.070

DEFINITIONS

454.001 Definitions; number; gender.

1. As used in this chapter, the words and terms defined in NRS 454.002 to 454.0098, inclusive, shall have the meanings ascribed to them in NRS 454.002 to 454.0098, inclusive, unless a different meaning clearly appears in the context.

2. Unless the context otherwise requires, the singular number shall include the plural number, and the masculine gender shall include the feminine gender.

(Added to NRS by 1967, 1635)

454.002 "Authorized officers of the Law" defined. "Authorized officers of the law" means:

1. Peace officers;
2. Members, investigators and inspectors of the board;
3. Inspectors of the Food and Drug Administration; and
4. Commissioners and agents appointed as provided in chapter 585 of NRS for the enforcement of the Nevada Food, Drug, and Cosmetic Act.

(Added to NRS by 1967, 1635)

454.003 "Board" defined. "Board" means the state board of pharmacy.

(Added to NRS by 1967, 1635)

454.004 "Chart order" defined. "Chart order" is an order entered on the chart or medical record of a patient registered in a hospital or under emergency treatment in a hospital by or on the order of an authorized practitioner authorizing the administration of a drug from hospital floor or ward stock furnished by the hospital pharmacy. Any such order shall be considered to be a prescription if such medication is to be furnished by a pharmacy directly to the patient. The chart order shall be signed by the prescriber at the time it is entered or on his next visit to the hospital.
(Added to NRS by 1967, 1635)

454.005 "Chemical" defined. "Chemical" includes all chemicals intended, designed and labeled for use in the cure, treatment, mitigation or prevention of disease in man or other animals.
(Added to NRS by 1967, 1635)

454.006 "Furnish" defined. "Furnish" means to supply by any means, by sale or otherwise.
(Added to NRS by 1967, 1635)

454.007 "Hospital" defined. "Hospital" means any institution, place, building or agency, licensed by the state as a hospital, which maintains and operates organized facilities to which more than one person may be admitted for an overnight stay for the diagnosis, care and treatment of human illnesses, except sanitariums, rest homes, nursing or convalescent homes, maternity homes or institutions for treating alcoholics.
(Added to NRS by 1967, 1635)

454.008 "Hypnotic drug" defined. "Hypnotic drug" is any drug, compound, mixture or preparation which may be used to produce or is capable of producing a hypnotic effect.
(Added to NRS by 1967, 1635)

454.009 "Hypodermics" defined. "Hypodermics" means any syringe, needle, instrument, device or implement intended or capable of being adapted for the purpose of administering drugs by subcutaneous, intramuscular or intravenous injection.
(Added to NRS by 1967, 1635)

454.0091 "Laboratory" defined. "Laboratory" means a research, teaching or testing laboratory not engaged in the sale of drugs but using dangerous drugs for scientific or teaching purposes.
(Added to NRS by 1967, 1635)

454.0092 "Manufacturer" defined. "Manufacturer" means a person, other than a registered pharmacist practicing in a licensed pharmacy, who derives, produces, prepares, compounds, mixes, cultivates, grows or processes any drug, repackages any drug for the purpose of resale or who makes, produces or prepares any hypodermic or prophylactic device.

(Added to NRS by 1967, 1635)

454.0093 "Person" defined. "Person" includes a firm, association, partnership or corporation.

(Added to NRS by 1967, 1636)

454.0094 "Pharmacy" defined. "Pharmacy" means every store or shop licensed under the provisions of chapter 639 of NRS where prescriptions are compounded and dispensed and dangerous drugs, narcotics, poisons, medicines or chemicals are stored or possessed, or dispensed, sold or displayed at retail.

(Added to NRS by 1967, 1636)

454.0095 "Physician;" "dentist;" "chiropodist;" "veterinarian;" "pharmacist" defined.

1. "Physician," "dentist," "chiropodist," "veterinarian" and "pharmacist" mean person authorized by a currently valid and unrevoked license to practice their respective professions in this state.

2. The word "physician" includes osteopathic physicians and surgeons and chiropractic physicians, but only to the extent they are authorized by chapter 633 and 634 of NRS to use drugs, chemicals and hypodermic devices in the practice of their respective professions.

(Added to NRS by 1967, 1636)

454.0096 "Prescription" defined. "Prescription" means an order given individually for the person for whom prescribed, directly from the prescriber to the pharmacist or indirectly by means of an order signed by the prescriber, and shall contain the name and address of the prescriber, his license classification, the name and address of the patient, the name and quantity of the drug or drugs prescribed, directions for use and the date of issue. Directions for use shall be specific in that they shall indicate the portion of the body to which the medication is to be applied or, if to be taken into the body by means other than orally, the orifice or canal of the body into which the medication is to be inserted or injected.

(Added to NRS by 1967, 1636)

454.0098 "Wholesaler" defined. "Wholesaler" means a person who supplies dangerous drugs, chemicals or hypodermic or prophylactic devices that he himself has not derived, produced, repackaged or prepared, on sales orders for resale but not on prescriptions, except a nonprofit cooperative agricultural organization which supplies or distributes drugs and medicines only to its own members.

(Added to NRS by 1967, 1636)

POISONS

DEFINITIONS

454.010 "Poison" defined. As used in NRS 454.010 to 454.170, inclusive "Poison" means any substance having an inherent deleterious property which when internally or externally applied to the body of man or animal is capable of causing damage to the tissues, destroying the action of vital functions of the body or causing death, and includes the compositions of the following schedules:

Schedule "A."

1. Aconite, belladonna, cantharadis and nux vomica.
2. Alkaloids and derivatives.
3. Antiseptic tablets containing corrosive sublimate.
4. Arsenic, its compounds and preparations.
5. Corrosive sublimate.
6. Cyanide of potassium.
7. Hydrocyanic acid.
8. Oils of croton.
9. Phosphorus and its poisonous derivatives or compounds.
10. Rue and tansy.
11. Sodium fluoracetate and preparations.
12. Strophanthus or its preparations.
13. Strychnine.
14. Zinc phosphide and preparations.
15. All compounds, preparations or products, other than cosmetics, which contain any of the following poisons as the primary solvent or in amounts capable of causing intoxication or harmful physical effects if inhaled, absorbed or ingested:
    (a) Ethyl acetate.
    (b) Isobutyl ketone.

(c) Methyl cellulose acetate.
(d) Methyl-ethyl ketone.
(e) Trichlorethylene.

Schedule "B"

1. Boric acid, powder or crystals.
2. Bromides.
3. Chloroform.
4. Camphor, spirits of camphor or camphorated oil.
5. Cocculus indicus or its preparations.
6. Cowhage.
7. Creosote.
8. Ether.
9. Hydrochloric or muriatic acid.
10. Iodine or its tinctures.
11. Nitric acid.
12. Oils of savin and pennyroyal.
13. Oxalic acid.
14. Solution of formaldehyde or formalin.
15. Sugar of lead.
16. Sulphate of zinc.
17. Sulphuric acid.
18. Tartar emetic and other derivatives of antimony.
19. Veratrum.
20. Wood alcohol or methanol.

Schedule "C"

1. Carbon tetrachloride or any preparation in which it is used as the primary solvent.

2. Any preparation or substance which contains any of the poisons listed in Schedule "A" or "B" in amounts capable of causing harmful physical effects if inhaled, absorbed or ingested, when such products or preparations are intended and designed for agricultural, commercial, economic, industrial or household use, and are labeled in compliance with the provisions of NRS 454.020 and 454.080.

[Part 7:207:1913; A 1921, 66; NCL § 508]-- (NRS A 1959, 66; 1967, 1627)

REGULATION OF SALE

454.020 Poisons enumerated in Schedules "A", "B" and "C" in NRS 454.010 not to be sold unless poison or caution label affixed to package; form of labels.

1. It is unlawful for any person to vend, sell, give away or furnish, either directly or indirectly, any poisons enumerated in Schedules "A," "B" and "C" in NRS 454.010 without labeling the container, package, box, bottle or paper in which the poison is contained with:

(a) The name of the article.

(b) The word "poison," which shall be printed in boldface type in capital letters not less than twice the size of other type on the label.

(c) The name and place of business of the person or firm manufacturing or selling the poison.

(d) The vignette representing the skull and crossbones.

(e) The first aid treatment or antidote approved by the board or the American Chemical Manufacturers Association for such poison.

(f) Any supplemental warnings or cautions required by either state or federal law or by regulations of the board.

2. The label shall be printed in type that can be clearly read, upon red paper in distinct white letters or in distinct red letters upon white paper.

[Part 1:207:1913; 1919 RL p. 2882; NCL § 5075]--(NRS A 1959, 67; 1967, 1628)

454.030 Prerequisites to sale or delivery of poisons in Schedules "A" and "B." It is unlawful to vend, sell, deliver or otherwise furnish any of the poisons named in Schedule "A" or "B" or any other dangerously poisonous drug, chemical or medical substance which may from time to time be designated by the board, unless on inquiry it is found that the person desiring the same is 18 years of age or older and is aware of its poisonous character, and it satisfactorily appears that it is to be used for a legitimate purpose.

[Part 1:207: 1913; 1919 RL p. 2882; NCL § 5075] -- (NRS A 1967, 1629)

454.040 Fictitious name or false representations to seller or dealer prohibited. It is unlawful for any person to give a fictitious name or false address or make any false representations to the seller or dealer when buying any of the poisons enumerated in Schedule "A" or the additions thereto.

[Part 1:207:1913; 1919 RL p. 2882; NCL § 5075]-- (NRS A 1967, 1629)

454.045 Sale or delivery of poisons in Schedule "B" only by pharmacists, clerks. It is unlawful for any person, other than a registered pharmacist or a pharmaceutical clerk acting under the direct and immediate supervision of a registered pharmacist, to vend, sell, furnish or deliver any poison enumerated in schedule "B" of NRS 454.010.

(Added to NRS by 1967, 1636)

454.050 Poison book: When entry required; contents.

1. It is unlawful to vend, sell, furnish or deliver any poison included in Schedule "A," the additions thereto or those enumerated by the board in a regulation adopted in compliance with chapter 233B of NRS without making or causing to be made, at the time of the sale, an entry in a book kept solely for that purpose, stating:

(a) The date of sale.
(b) The name, complete residence or business address and signature of the purchaser.
(c) The name and quantity of the poison sold.
(d) The statement by the purchaser of the purpose for which the poison is required.
(e) The signature of the dispenser, who must be a registered pharmacist or a registered pharmaceutical clerk acting under the direct and immediate supervision of a registered pharmacist.

2. The provisions of this section do not apply when the poisons enumerated in Schedule "A" are used as solvents for glues and cements used in making of models, when sold in single units or containers simultaneously with or as a part of a kit to be used for the construction of model airplanes, boats, automobiles, trains or other similar models if such kits have been assembled by a recognized manufacturer of such kits and are advertised as such.

[Part 1:207:1913; 1919 RL p. 2882; NCL § 5075]--(NRS A 1967, 1629)

454.060 Poison book: Form and preservation.

1. The poison book shall be in form substantially as follows:

Date	Name of Purchaser	Residence	Kind and Quality	Purpose of Use	Signature of Pharmacist	Signature of Purchaser

2. This book shall always be open for inspection by authorized officers of the law acting in their official capacity, and shall be preserved for at least 5 years after the date of the last entry therein.

[Part 1:207: 1913; 1919 RL p. 2882; NCL § 5075]-- (NRS A 1967, 1630)

454.080 English language to be used in poison book and on label or package; additional entry in foreign language. The entries in the poison book and the printed or written matter required to be placed on the label or the package shall be in the English language, except that the vendor of the poison may enter the same in any foreign language he may desire, in addition to the entry and label in English.

[Part 3:207: 1913, 1919 RL p. 2883; NCL § 5077]

454.090 Sales of poisons in Schedule "A" exempted from registration.

1. Dealers, manufacturers and pharmacists are exempted from the registration of the sale of any poison enumerated in Schedule "A" or the additions thereto when sold:

(a) To a registered pharmacist, physician, dentist, chiropodist or veterinary surgeon duly licensed to practice in the state;

(b) To a manufacturer or wholesaler;

(c) To a research, teaching or testing laboratory; or

(d) To other established, legitimate users in chemical or technical arts.

2. The provisions of NRS 454.010 to 454.170, inclusive, shall not apply to the sale of any poison upon the prescriptions of practicing physicians, dentists, chiropodists or veterinary surgeons who are licensed to practice in this state.

[Part 5:207: 1913; 1919 RL p. 2883; NCL § 5079]-- (NRS A 1967, 1630)

ADMINISTRATION

454.110 Addition or deduction of compounds to schedules; adoption of rules by state board of pharmacy. When, in the opinion of the board, it is in the interest of the public health, the board is empowered to restrict or prohibit further the retail sale of any poison by rules not inconsistent with the provisions of NRS 454.010 to 454.170, inclusive. Such rules may be adopted by the board and must be applicable to all persons alike.

[Part 4:207: 1913; 1919 RL p. 2883; NCL § 5078]

454.120 Adoption of schedule of antidotes, first aid treatments: Printing and mailing; revision and amendment.

1. The board shall adopt a schedule of what in its judgment are the most suitable common antidotes and first aid treatments for the various poisons usually sold.

2. After the board has adopted the schedule of antidotes and first aid treatments as provided for in subsection 1, the board shall have the same printed and shall forward by mail one copy to each person registered upon its books, and to any other person applying for the same.

3. The particular antidote adopted or the first aid treatment approved by the board shall appear on the poison label provided for in NRS 454.020 and 454.080, or shall be attached to the package containing the poison.

4. The board shall have power to revise and amend the list of antidotes or first aid treatments from time to time, as the board deems advisable.

[Part 3: 207: 1913; 1919 RL p. 2883; NCL § 5077]-- (NRS A 1967, 1630)

454.130 Notice to registered pharmacists of additions to schedules of poisons and antidotes. Printed notice of all additions to the schedule of poisons set forth in NRS 454.010 to 454.170, inclusive, and the antidote adopted by the board for such poisons shall be given to all registered pharmacists with the next following renewal of their certificates.

[Part 1:207: 1913; 1919 RL p. 2882; NCL § 5075]

454.140 Board to furnish dealers with lists of preparations, compounds. The board shall, upon request, furnish any dealer with a list of all articles, preparations and compounds the sale of which is prohibited or regulated by NRS 454.010 to 454.170, inclusive.

[Part 4:207: 1913; 1919 RL p. 2883;NCL § 5078]

454.150 Enforcement officials; access for inspection. The commissioner and agents appointed as provided in chapter 585 of NRS for the enforcement of the Nevada Food, Drug and Cosmetic Act are designated and consituted agents for the enforcement of NRS 454.010 to 454.170, inclusive, and shall cooperate with the board in carrying out the provisions of NRS 454.010 to 454.170, inclusive. For this purpose, they shall have free access at all times during business hours to all places where drugs, medicines or poisons are offered for sale.

[9:207. 1913; 1919 RL p. 2886; NCL § 5083]-- (NRS A 1967, 1631)

454.160 District attorney to conduct actions and prosecutions. The district attorney of the county wherein any violation of NRS 454.010 to 454.170, inclusive, is committed shall conduct all actions and prosecutions for the same at the request of the board.

[Part 6:207: 1913; A 1915, 119; 1919 RL p. 2883; NCL § 5080]-- (NRS A 1967, 1631)

454.170 Penalty. Any person violating any of the provisions of NRS 454.010 to 454.160, inclusive, shall be guilty of a misdemeanor.

[Part 7:207:1913; A 1921, 66; NCL § 5081]-- (NRS A 1967, 586)

DANGEROUS DRUGS

454.180 Application of definitions. Definitions of words and terms in NRS 454.190, 454.220 and 454.230 apply to NRS 454.180 to 454.450, inclusive, only.

(Added to NRS by 1963, 341; A 1967, 1631)

454.190 "Administer" defined. "Administer" means the furnishing:

1. By a physician and surgeon, dentist, chiropodist or veterinarian to his patient of such amount of drugs or medicines referred to in NRS454.180 to 454.450, inclusive, as are necessary for the immediate needs of the patient; or

2. By a nurse pursuant to a hospital chart order of individual doses of a drug or medicine:

   (a) From an original container which has been furnished as floor or ward stock by a hospital pharmacy;

   (b) From a container dispensed by a registered pharmacist pursuant to a prescription; or

   (c) Furnished by a physician, dentist, chiropodist or veterinarian.

(Added to NRS by 1963; 341; A 1967, 1631)

454.220 "Dangerous drug" defined. "Dangerous drug" means any drug unsafe for self-medication or unsupervised use on animals and includes all drugs:

1. Which have been approved by the Food and Drug Administration for general distribution and bear the legend: "Caution: Federal law prohibits dispensing without prescription"; or

2. The sale of which has been restricted to prescription only by regulation adopted by the board because the board has found such drugs to be dangerous to public health or safety.

(Added to NRS by 1963, 341; A 1967, 1631)

454.230 "Dispense" defined. "Dispense" means the furnishing of:

1. Drugs by a registered pharmacist upon the legal prescription from a physician, dentist, chiropodist or veterinarian; or

2. Drugs or medicines to a patient personally by a physician, dentist, chiropodist or veterinarian in any amount greater than that which is necessary for the present and immediate needs of the patient.

(Added to NRS by 1963, 342; A 1967, 1632)

454.310 Dangerous drugs not to be furnished without prescription; application of section.

1. No person shall furnish any dangerous drug except upon the prescription of a physician, dentist, chiropodist or veterinarian.

2. The provisions of this section do not apply to the furnishing of any dangerous drug by a physician, dentist, chiropodist or veterinarian to his own patients as provided in NRS 454.375 or by a manufacturer or wholesaler or pharmacy to each other or to a physician, dentist, chiropodist or veterinarian or to a laboratory under sales and purchase records that correctly give the date, the names and addresses of the supplier and the buyer, the drug and its quantity.

(Added to NRS by 1963, 342; A 1967, 1632)

454.320 Containers: Labeling. No pharmacist shall dispense any dangerous drug upon prescription except in a container correctly labeled with:

1. The date;
2. The name and address and prescription number of the pharmacy;
3. The names of the prescriber and of the person for whom prescribed;
4. Specific directions for use given by the prescriber; and
5. The expiration date ot the effectiveness of the drug dispensed, if such information is required on the original label of the manufacturer of such drug.

(Added to NRS by 1963, 343; A 1967, 1632)

454.325 Pharmacists to fill, refill prescriptions only for use of persons to whom prescriptions originally issued. No pharmacist shall knowingly fill or refill any prescription for a dangerous drug for use by any person other than the one for whom the prescription was originally issued.

(Added to NRS by 1967, 1636)

454.330 Refilling prescriptions for dangerous drugs: Conditions. No prescription for any dangerous drug may be refilled except in compliance with the provisions of NRS 454.331 to 454.339, inclusive.

(Added to NRS by 1963, 343; A 1967, 1633)

454.331 Refilling prescriptions for dangerous drugs: Barbiturates; other drugs having depressant or stimulant effect.

1. Any prescription for a barbiturate, amphetamine, desoxyephedrine or any preparation thereof, or any other drug found to have a potential for abuse because of its depressant or stimulant effect on the central nervous system or its hallucinogenic effect, and sodesignated by the Food and Drug Administration, regardless of the refill authorization given by the prescriber, shall not be refilled more than five times or for a period of more than 6 months, whichever occurs first.

2. If no refill authorization is given by the prescriber, or if the prescription is refillable and has been refilled for the number of times or for the period of time set forth in subsection 1, the original prescription shall be voided and a new prescription must be obtained and placed on the prescription file.

(Added to NRS by 1967, 1636)

454.332 Refilling prescriptions for dangerous drugs: Specific refill authorizations. Except as provided in NRS 454.331, a prescription which bears specific refill authorization, given by the prescriber at the time he issued the original prescription, may be refilled in the pharmacy in which it was originally filled, for the number of times authorized or over the period of time authorized, but only in keeping with the number of doses ordered and the directions for use; but in no case shall the prescription be refilled after 1 year has elapsed from the date it was originally filled.

(Added to NRS by 1967, 1637)

454.333 Refilling prescriptions for dangerous drugs: Refilling as needed by patient. Except as provided in NRS 454.331, a prescription which bears authorization, permitting the pharmacist to refill the prescription as needed by the patient, may be refilled in keeping with the number of doses ordered and the directions for use within 1 year from the date it was originally filled.

(Added to NRS by 1967, 1637)

454.334 Refilling prescriptions for dangerous drugs: Additional authorization from prescriber, another doctor. Except as provided in NRS 454.331, an original prescription which does not bear refill authorization, or a prescription on which the original refill authorization has expired, may be refilled if additional authorization has been obtained from the prescriber or another doctor with the same license classification acting in the absence of the original prescriber. Such information may be relayed to the pharmacist by an authorized agent employed by the prescriber, if the prescriber, or another doctor acting in his absence, is available and can be contacted by the nurse.

(Added to NRS by 1967, 1637)

454.335 Refilling prescriptions for dangerous drugs: Blanket authorizations. A physician may issue a blanket authorization individually to any pharmacist authorizing such pharmacist to refill prescriptions written by the physician, for drugs, other than those enumerated in NRS 454.331, which are considered necessary in the treatment of chronic or continuing illnesses of his patients. Such authorization shall be in writing, signed by the physician, and shall list the types of drugs to be covered and any limitations or conditions the physician may desire. Such authorization shall be retained by the pharmacist and available for inspection and shall be valid authorization for the pharmacist to refill such prescriptions for a period of 1 year from the date of issue.

(Added to NRS by 1967, 1637)

454.336 Refilling prescriptions for dangerous drugs: Exercise of judgment by pharmacist. Except as provided in NRS 454.331, in the absence of specific refill authorization, when the refilling of a prescription calling for a dangerous drug needed for the continuation of a treatment of a chronic or continuing illness is considered necessary and the pharmacist is unable to contact the prescriber, the pharmacist may, if in his professional judgment he feels that such drug should be provided for the patient, furnish a sufficient supply of the medication to provide for the continuation of treatment until such time as the prescriber can be personally contacted.

(Added to NRS by 1967, 1637)

454.337 Refilling prescriptions for dangerous drugs: Death of prescriber. No prescription for a dangerous drug may be refilled after the demise of the prescriber.

(Added to NRS by 1967, 1637)

454.338 Refilling prescriptions for dangerous drugs: Records. A record of each refill of any prescription for a dangerous drug or any authorization to refill such a prescription shall be kept on the back of the original prescription, or on a separate card or paper securely attached thereto, showing the date of each refill or authorization and the name or initials of the pharmacist who refilled the prescription or obtained the authorization to refill.

(Added to NRS by 1967, 1637)

454.339 Refilling prescriptions for dangerous drugs: Rescission of refill authorizations. Any refill authorization issued pursuant to the provisions of NRS 454.331 to 454.338, inclusive, may be rescinded at any time after such authorization is given, either by the original prescriber or by another doctor acting in his behalf or by another doctor who is then caring for the patient for whom the original prescription was issued, by notifying the pharmacy in which the prescription was filled either orally or in writing.

(Added to NRS by 1967, 1638)

454.340 Registration of laboratories, manufacturers, wholesalers; records.

1. Every laboratory, manufacturer and wholesaler doing business in the State of Nevada shall be registered with the board.
2. Each laboratory shall keep purchase records.
3. Each manufacturer shall keep purchase and use records and sales records.
4. Each wholesaler shall keep purchase and sales records.

(Added to NRS by 1963, 343)

454.345 Records: Maintenance; retention; inspection.

1. Every retail pharmacy, hospital, laboratory, wholesaler, manufacturer, or any physician, dentist, chiropodist or veterinarian who engages in the practice of dispensing or furnishing drugs to patients shall maintain a complete and accurate record of all dangerous drugs purchased and those sold on prescription, dispensed, furnished or disposed of otherwise.

2. Such records shall be retained for a period of 3 years and shall be open to inspection by members, inspectors or investigators of the board or inspectors of the Food and Drug Administration. No special form of record is required provided that an accurate accountability can be furnished within a reasonable time after a demand by a person authorized to inspect such records.

3. Invoices showing all purchases of dangerous drugs shall be considered as a complete record of all dangerous drugs received. Invoices showing the purchase of depressant or stimulant drugs, including barbiturates, amphetamines or desoxyephedrine, or any other drug or drugs so designated by the Federal Drug Administration, must include the federal registration number of the furnisher.

4. For the purpose of this section, the prescription files of a pharmacy shall constitute a record of the disposition of all dangerous drugs.

(Added to NRS by 1967, 1638)

454.350 Stock, records open to inspection; penalties.

1. All stock and records of purchase and disposition of any dangerous drug of a manufacturer, wholesaler, pharmacy, physician, dentist, chiropodist, veterinarian, hospital, laboratory or a nonprofit cooperative agriculture organization which supplies and distributes drugs and medicines only to its members shall be at all times, during business hours, open to inspection by agents, assistants, members and inspectors of the board, inspectors of the Food and Drug Administration, and agents and commissioners appointed under chapter 585 of NRS for the enforcement of the Nevada Food, Drug and Cosmetic Act. Such records shall be preserved for at least 3 years from the date of making.

2. Any person who fails, neglects or refuses to maintain such records or who, when called upon by an authorized officer to produce such records, fails, neglects or refuses to produce such records, or who willfully produces or furnishes records which are false, is guilty of a misdemeanor.

(Added to NRS by 1963, 343; A 1967, 1633)

454.370 Immunity from prosecution of board employees, peace officers while investigating violations. All agents, assistants and inspectors of the board and peace officers, while investigating violations of NRS 454.180 to 454.450, inclusive, in performance of their official duties, and any person working under their immediate direction, supervision or instruction are immune from prosecution under NRS 454.180 to 454.450, inclusive.

(Added to NRS by 1963, 343; A 1967, 1633)

454.375 Applicability of NRS 454.180 to 454.450, inclusive, to physicians, dentist, chiropodists and veterinarians.

1. The provisions of NRS 454.180 to 454.450, inclusive, do not apply to a physician, dentist, chiropodist or veterinarian who dispenses drugs and who personally furnishes his own patients with such drugs as are necessary in the treatment of the condition for which he attends such patient, if:

(a) He keeps accurate records, as required by NRS 454.345, of all drugs so furnished; and

(b) The drugs so furnished are clearly labeled with the date, the name and address of the furnisher, the name of the patient, the directions for use and the expiration date of the effectiveness of the drug, if such information is required on the original label of the manufacturer of such drug; and

(c) Such drugs are not dispensed or furnished by a nurse or attendant.

2. A veterinarian may furnish multiple doses of drugs, necessary for the treatment of large animals, to ranchers or dealers in livestock for use solely in the treatment of livestock on the premises of such rancher or dealer, and when furnishing such drugs the veterinarian is not required to comply with the provisions of subsection 1.

(Added to NRS by 1967, 1638)

454.380 Use of minor as agent; unlawful furnishing to minor; penalty. Every person who violates any provision of NRS 454.180 to 454.450, inclusive, by use of a minor as an agent or by unlawfully furnishing any dangerous drug to a minor shall be punished by imprisonment in the state prison for not less than 1 year nor more than 10 years, or by a fine of not more than $5,000 or by both fine and imprisonment.

(Added to NRS by 1963, 343; A 1967, 586, 1633)

454.390 Forged, fictitious or altered prescriptions; penalty.

1. Every person who signs the name of another, or of a fictitious person, or falsely makes, alters, forges, utters, publishes or passes, as genuine, any prescription for a dangerous drug is guilty of a felony.

2. Any person who knowingly has in his possession any false, fictitious, forged or altered prescription for a dangerous drug is guilty of a gross misdemeanor.

3. Every person who knowingly obtains or has in his possession or under his control any dangerous drug secured as a result of any forged, false, fictitious or altered prescription is guilty of a gross misdemeanor.

(Added to NRS by 1963, 343; A 1965, 541; 1967, 1633)

454.395 Possession of dangerous drugs without prescription unlawful; penalties; exceptions.

1. Except as otherwise provided in this section, every person who possesses any drug defined in NRS 454.220, except that furnished to such person by a pharmacist pursuant to a legal prescription or a physician, dentist, chiropodist or veterinarian, is guilty of a gross misdemeanor. If such person has been twice previously convicted of any offense:

(a) Described in this section; or

(b) Under any other law of the United States or this or any other state or district which if committed in this state would have been punishable as an offense under this section, he shall be punished by imprisonment in the state prison for not less than 1 year nor more than 10 years.

2. No prescription is required for possession of such drugs by pharmacists, physicians, dentists, chiropodists, veterinarians, jobbers, wholesalers, manufacturers or laboratories authorized by laws of this state to handle, possess and deal in such drugs when such drugs are in stock containers properly labeled and have been procured from a manufacturer, wholesaler or pharmacy, or by a rancher who possesses such dangerous drugs in a reasonable amount for use solely in the treatment of livestock on his own premises.

(Added to NRS by 1965, 305; A 1967, 1634)

454.396 Unlawful dispensing of dangerous drugs; penalty.

1. Anyone authorized by the provisions of NRS 454.375 to dispense drugs to his own patients who permits the dispensing or furnishing of any dangerous drug in violation thereof is guilty of a misdemeanor.

2. Any person who dispenses or furnishes any dangerous drug in violation of NRS 454.375 is guilty of a misdemeanor.

(Added to NRS by 1967, 1638)

454.397 False representations by telephone conversations; penalty. Every person who, in order to obtain any dangerous drug, falsely represents himself in a telephone conversation with a pharmacist to be a physician or other person who can lawfully prescribe such drugs or to be acting in behalf of a person who can lawfully prescribe drugs is:

1. For the first offense, guilty of a misdemeanor.

2. For any subsequent offense, guilty of a felony.

(Added to NRS by 1967, 1639)

454.398 Nasal inhalers: Unlawful possession, sale. It is unlawful for any person within this state to possess, sell, offer to sell or hold for the purpose of sale or resale any nasal inhaler which contains any drug capable of causing stimulation to the central nervous system unless:

1. The product contains a denaturant in sufficient quantity to render it unfit for internal use; and

2. The product is among such products listed as approved by the board in the regulations officially adopted by the board.

(Added to NRS by 1967, 1639)

454.399 Possession of drugs which may not be introduced in interstate commerce; penalty; experimental drugs.

1. Any person within this state who possesses, procures, obtains, processes, produces, derives, manufactures, sells, offers for sale, gives away or otherwise furnishes any drug which may not be lawfully introduced into interstate commerce under the Federal Food, Drug and Cosmetic Act is guilty of a misdemeanor.

2. The provisions of this section do not apply to physicians licensed to practice in this state who have been authorized by the Food and Drug Administration to possess experimental drugs for the purpose of conducting research to evaluate the effectiveness of such drugs and who maintain complete and accurate records of the use of such drugs and submit clinical reports as required by the Food and Drug Administration.

(Added to NRS by 1967, 1639)

454.400 Misdemeanor violations. Except as otherwise specifically provided every person who violates any provision of NRS 454.180 to 454.450, inclusive, is guilty of a misdemeanor.

(Added to NRS by 1963, 343; A 1965, 542; 1967, 1634)

454.410 Conviction for violation of dangerous drug law grounds for suspension, revocation of professional license. A conviction of the violation of any of the provisions of NRS 454.180 to 454.450, inclusive, shall constitute grounds for the suspension or revocation of any license issued to such person under any of the provisions of chapters 630, 631, 633, 635, 638 or 639 of NRS

(Added to NRS by 1963, 343; A 1967, 1634)

454.420 Board to enforce law. The board shall administer and enforce NRS 454.180 to 454.450, inclusive.

(Added to NRS by 1963,344; A 1967, 1634)

454.430 Finding by board that drug is dangerous; power to make rules; penalties.

1. If the board, after a hearing following notice to persons who have filed written requests therefor with the board, finds any drug to be dangerous to the public health or safety, it may make other rules, not inconsistent with NRS 454.180 to 454.450, inclusive, limiting or restricting the furnishing of such drug.

2. A violation of any such rule shall be punished in the same manner as is provided in NRS 454.380 and 454.400.

(Added to NRS by 1963, 344; A 1967, 1634)

454.440 Notice of adoption of further rules. Notice of the adoption of further rules by the board shall be given to interested persons. No person shall be subject to any prosecution for violating such rules until the board has given public notice of the adoption of such rules.

(Added to NRS by 1963, 344)

454.450 Copies of laws, regulations to be furnished. Upon request, the board shall furnish any person with a copy of the laws or regulations relating to dangerous drugs, the furnishing or possession of which is restricted by NRS 454.180 to 454.450, inclusive, or by further rules of the board.

(Added to NRS by 1963, 344; A 1967, 1634)

HALLUCINOGENIC DRUGS

454.460 Hallucinogenic drugs: Use, possession regulated; penalties.

1. It is unlawful for any person, except as provided in this section, to use or possess:

(a) Lysergic acid;

(b) LSD (d-lysergic acid diethylamide);

(c) DMT (N-N- dimethyltryptamine);

(d) Any salt or derivative of any drug listed in paragraphs (a), (b) and (c); or

(e) Any compound, mixture or preparation which is physiologically similar to any drug listed in paragraphs (a), (b) and (c) in its effect on the central nervous system, except that plant of the genus Lophophora commonly known as peyote and preparations thereof.

2. The drugs enumerated in subsection 1 may lawfully be possessed by:

(a) A manufacturer licensed by the Food and Drug Administration to produce and distribute such drugs, or his agent, to be sold only to a person authorized under this subsection to possess such drugs or transported in interstate commerce. Each such shipment must bear the identifying number assigned by the Food and Drug Administration.

(b) A licensed pharmacy, to be dispensed only to a physician, osteopathic physician or research scientist qualified under paragraph (c) or (d). Every pharmacy which received or dispenses any such drug shall keep a record showing the date, amount and source of drugs received, the date of dispensing, the name and address of the person to whom dispensed, and the kind and quantity of drugs. Every such record shall be kept for a period of 3 years from the date of the transaction recorded, and shall be open to inspection by any peace officer or health officer of this state or by any equivalent federal officer.

(c) A physician licensed pursuant to chapter 630 of NRS or an osteopathic physician licensed pursuant to chapter 633 of NRS, to be used only as provided in subsection 3. Every physician or osteopathic physician who receives or administers any such drug shall keep a record showing the date, amount and source of drugs received, the date of administration, the name and address of the person to whom administered, and the kind and quantity of drugs. Every such record shall be kept for a period of 3 years from the date of administration, and shall be open to inspection by any peace officer or health officer of this state or by any equivalent federal officer.

(d) A psychologist licensed pursuant to chapter 641 of NRS or a member of the faculty of a college or university in this state who is qualified by scientific training and experience to investigate the safety and effectiveness of such drugs, to be used only for research and not to be administered to any human being except under the supervision of a physician or osteopathic physician as provided in subsection 3. Any psychologist or research scientist who uses any such drug shall keep a record showing the date, amount and source of drugs received and the disposition and use of all such drugs. Every such record shall be kept for a period of 3 years from date of use, and shall be open to inspection by any peace officer or health officer of this state or by any equivalent federal officer.

3. Any physician or osteopathic physician who administers any drug listed in subsection 1 to any human being shall keep such patient under his personal supervision until the effect of such drug has entirely ceased.

4. Whoever violates any provision of this section is guilty:

(a) For the first offense, of a gross misdemeanor.

(b) For any subsequent offense, of a felony, and shall upon conviction be punished by imprisonment in the Nevada State Prison for not less than 1 nor more than 10 years.

(Added to NRS by 1966, 22)

HYPODERMIC DEVICES

454.470 Sale permits.

1. No person, unless he has obtained a permit from the board, may vend, sell, offer to sell or furnish any hypodermic device. Upon approval of an application submitted on a form furnished by the board and upon payment of the fee provided in NRS 639.170, the board may, in its discretion, issue a permit to any person, authorizing such person to sell hypodermic devices for the purposes and uses specified on such permit. The board shall retain the right to limit the sale of hypodermic devices by permittees and to provide such restrictions as it deems advisable in the public interest.

2. Each permit shall be issued to a specific person for a specific location and shall not be transferable. The permit shall be valid for no more than 1 year, and shall expire on June 30. Applications for renewal and the renewal fee shall be submitted to the board not less than 30 days prior thereto.

3. The licenses issued by the board, pursuant to NRS 639.100, to pharmacies, wholesalers and manufacturers shall include the right to handle, sell and deal in such devices.

(Added to NRS by 1967, 1639)

454.480 Sales with and without prescriptions: Conditions.

1. Hypodermic devices may be sold by pharmacists on the prescription of a physician, dentist or veterinarian. Such prescriptions shall be filed as required by NRS 639.236, and may be refilled as authorized by the prescriber, Records of refilling shall be maintained as required by NRS 454.330 to 454.339, inclusive.

2. Pharmacists and others holding hypodermic permits, unless the permit limits otherwise, may sell hypodermic devices without prescription for the following purposes:

(a) For use in the treatment of persons having asthma or diabetes.

(b) For use in injecting medications prescribed by a physician for the treatment of human beings.

(c) For the injection of drugs in animals or poultry.

(d) For commercial or industrial use or use by jewelers or other merchants having need for such devices in the conduct of their business, or by hobbyists when the seller is satisfied that the device will be used for legitimate purposes.

(e) For use by funeral directors and embalmers, licensed medical technicians or technologists, or research laboratories.

3. The sale without prescription of any hypodermic device intended for human use, as set forth in paragraphs (a) and (b) of subsection 2, shall be limited to pharmacists and all such sales must be recorded as provided in NRS 454.490.

(Added to NRS by 1967, 1639)

454.490 Records of sales without prescription: Contents; retention; inspection; exceptions.

1. All sales of hypodermic devices sold without prescription shall at the time of sale be recorded by the person making the sale. The record shall show the date, the name and address of the purchaser, the size, type and quantity of devices sold, the name or initials of the person making the sale and the purpose for which the device is to be used. It shall be the responsibility of the seller to ascertain, to his satisfaction, that the device is to be legitimately used for the purpose stated by the purchaser. The record shall be retained for a period of 3 years from the date of the last entry thereon and shall be open to inspection by authorized officers of the law acting in their official capacity.

2. The recording of sales required by this section does not apply to the sale of hypodermic devices by manufacturers, wholesalers, pharmacies or persons holding retail hypodermic permits, not otherwise limited, when such sales are made to other manufacturers, wholesalers or pharmacies, or to physicians, dentists, chiropodists, veterinarians, hospitals, registered nurses or other permittees.

3. The provisions of subsections 1 and 2 shall not apply to a physician, dentist or veterinarian when furnishing a hypodermic device to a patient for use in the treatment of the patient.

(Added to NRS by 1967, 1640)

454.500 Regulations for sale of hypodermic devices other than hypodermic needles, syringes. The board shall establish, by regulation, the type of devices other than hypodermic needles and syringes that must be sold in compliance with the provisions of NRS 454.470 to 454.530, inclusive. Proceedings in adopting such regulations shall be conducted in compliance with the provisions of chapter 233B of NRS.

(Added to NRS by 1967, 1640)

454.510 Unlawful possession, sale of hypodermic devices. It is unlawful for any person to have in his possession or under his control, or to vend, sell, offer to sell, furnish or otherwise dispose of any hypodermic device unless he has acquired possession of such device in accordance with the provisions of NRS 454.470 to 454.530, inclusive.

(Added to NRS by 1967, 1640)

454.520 Misuse of hypodermic device; penalty. Any person who has lawfully obtained a hypodermic device, as provided by NRS 454.470 to 454.530, inclusive, and uses, permits or causes, directly or indirectly, such device to be used for any purpose other than that for which it was purchased is guilty of a misdemeanor.

(Added to NRS by 1967, 1640)

454.530 Obtaining possession of hypodermic device by false, fraudulent representation, forged or fictitious name; penalty. Any person who obtains possession of any hypodermic device by a false or fraudulent representation, a forged or fictitious name, or in violation of the provisions of NRS 454.470 to 454.530, inclusive, is guilty of a misdemeanor.

(Added to NRS by 1967, 1640)

Sources for:

National Laws Controlling Narcotics, Dangerous Drugs, and Substances
United States Code Anotated,
Clark County Law Library
Clark County Court House
200 East Carson Avenue
Las Vegas, Nevada

International Laws Controlling Narcotics, Dangerous Drugs, and Substances
Narcotic Drugs Under International Control,
United Nations publication, 1963.

CLARK COUNTY SCHOOL DISTRICT'S REGULATION REGARDING HARMFUL DRUGS AND ALCOHOLIC BEVERAGES

5144. 13 Harmful Drugs, Alcoholic Beverages

Any student who is found to possess, or to have used recently, or to have in any way encouraged the illegal use by another of any alcoholic beverages, narcotics or drugs shall be suspended until the problem is investigated (District Regulation 5114. 1). If circumstances cause suspicion that an illegal act has been committed, the student shall be referred to the proper law enforcement agency. The suspension shall continue until it has been determined whether the student's attendance is a threat to the welfare of other students, at which time the student shall be either (1) readmitted or (2) continued on suspension and action for expulsion initiated.